04406

	441	6 CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE MAT)	rere deceased lived. If institution b. COUNT	tion: Residence before admission) Y Carroll
RURAL and give	(If autside carporate limits, wri nearest town) minster	10 years		outside corporote limits, write	RURAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, give str Wimert Av		d. STREET ADDRESS W11	mert Avenue	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Ros P	4	ldridge	4. DATE Mo OF DEATH Apri	porth Doy Year 11 24 158
Female	3/73 A A. O.	MARRIED NEVER MARRIED OWED DIVORCED	June 13, 18	9. AGE (In years look thiday)	Months Days Hours Min.
during mast of w	TION (Give kind of work done to orking life, even if retired) Be WOPK	Own home		or foreign country) County, Ma.	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME	John Spencer	?	EOVA E	vame ffie William	ns
15. WAS DECEASED E [Yes. no. or unknown] NO	VER IN U. S. ARMED FORCES?		rs. Blanche		Westminster, Mo
	EATH (Enter only one cause of EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	letastale CA	heimana	Cerebral.	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if gove rise to cause (o), statin lying cause los	any, which immediate by the under-	toleno Car	enome, o	40 breas	t 19r.
20g. ACCIDENT	Chunatre 7	NS CONTRIBUTING TO DEATH BU HEALT TO DESCRIBE HOW INJURY OCCURR	seas HAON	1 Anece.	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	URY Manth, Day, Year 20	d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form octory, street, office bldg., etc	20f. (City or town)	(County) (Stole)
	The I attended the deco	eased from 12/6/ 9-15, and that dear Mouldon ulton, M.D.	м. 148 М	AM, from the causes ADDRESS (Street, city or town	A, that I last saw the decease and on the date stated above stated when the stated above the stated when the stated above the
	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, Smallwood	or county) (Slote)
23. FUNERAL DIRECTO		Deer Park ADDRESS Vestminster.M	24a. REC'	D BY REGISTRAR 246. REG	istrar's signature

BUREAU V.

APR 28 1958

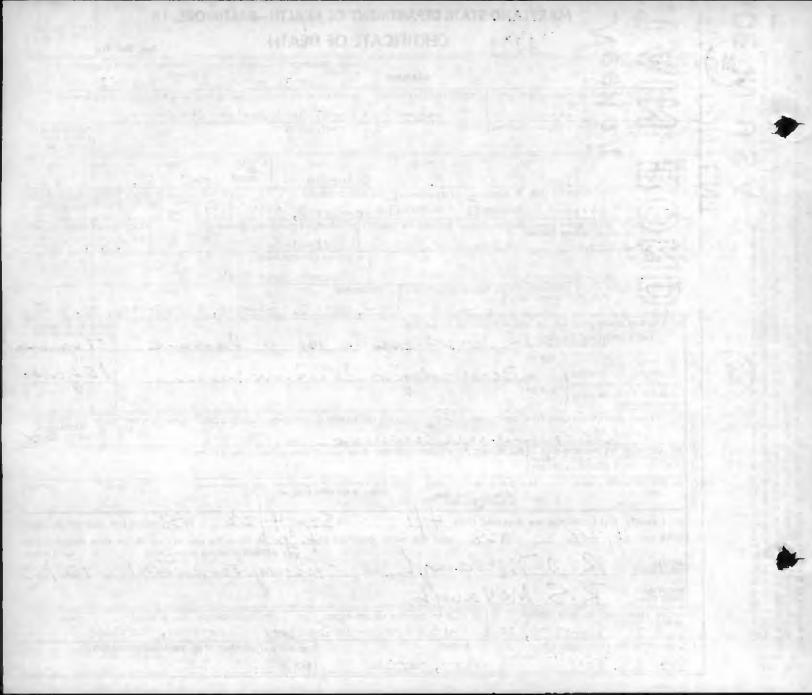
4	21	CERTIFICATE	OF DEAT
	/		

04407

	447		114111	E OI DEAI	• •		Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY Carroll		MARY		USUAL RESIDENCE (Wo. STATE	-	b. COUNTY			ission)
b. CITY OR TOWN (If outside corporo' RURAL and give nearest town)	le limits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (IF	outside corpo	rote limits, write R	URAL ond g	give nearest to	ryets)
Rural Westminste	r	12 years	3 X	Rural West	tminste	er (Mayb	erry)		
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION			1	d. STREET ADDRESS				ON	RESIDENCE I A FARM? NO
3. NAME OF DECEASED	First	Middle	* * * * * * * * * * * * * * * * * * * *	Last	4. DATE	Mor	ith	Day	Yeor
(Type or print) Lee		H.	A	nderson	OF DEATH	April	28.		19 58
S. SEX 6. COLOR OR F	ACE 7. MAR	RIED NEVER MARRI		ATE OF BIRTH		9. AGE (In years		1 YEAR IF UN	DER 24 HRS
Male White	WIDOW	VED DIVORCE	De De	cember 2,		74 yrs.	Months	Doys Hour	Min.
Oa. USUAL OCCUPATION (Give kind of during most of working lite, even if r	work done 10b etired)	. KIND OF BUSINESS O	R INDUSTRY	11. SIRTHPLACE (Slot	e or foreign co	ountry)		IZEN OF WHA	AT COUNTR
Miller-Farmer		wn Farm		Virgin	ia		U	S.A.	
3. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME				
Timothy Ande	rson			Sarah Ja	ane Has	sh			
15. WAS DECEASED EVER IN U. S. ARMEI	FORCES? 16	SOCIAL SECURITY NO	. 17. INFO			Add	rees		
[Yes, no. or unknown] (If yes, give wor or do	fes of service)	none	Mrc	. Ruth L.	Andarec	n, Westn	insta	r Ma.	R #7.
18. CAUSE OF DEATH [Enter only o	ne couse per			e 100 011 41e 1	BIRGING	one west	ITIN OF	INTERVAL	
PART I. DEATH WAS CAUSED	A.A.	The same of	0 5	1.1.	~ T			ONSET AN	
IMMEDIATE CAL	JSE (o)	united (cere	cc / year	wi V	rulas	e_	12	1can
420.0 DI	JE TO		-	1				1	
Conditions, if ony, which	(b) /2	uurale	red o	inter	role	The state of		100	Jeans
gove rise to immediate Couse (a), stating the under-	UE TO		1					0	
lying cause lost.	(c)								
PART II. OTHER SIGNIFICANT	conditions	1. 13	ATH BUT NO	Pr.	AINAL DISEASI	E CONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
200 ACCIDENT WAS INDEDIVING	20h DE	SCRIBE HOW INJURY O			Port I or Port	tl of item 18.)		1 113	I NO E
OR CONTRIBUTING CAUSE OF DI	VER)								
20c. TIME OF INJURY Month, Day Hour o. m.		INJURY OCCURRED	20e. PLACE	OF INJURY (Home, for	m, 20f. (City	or town]	(C	County)	(State)
Hour o, m,	19 While		rectory	, street, office bldg., et	(C.)				
		- 1	1		1 107 6	0	5		
21. certify that I attended	the decea	1-		_, 19_5_Z_to	122			last saw the	
alive an 4 60		2. and that	death oc	curred at	M, fran	the causes o	and on th	ne date sta	ited abov
100	24.	01/	/	H.	ADDRESS (SI	reet, city or town,	stote)		DATE SIGNE
SIGNATURE / /	·M	Varian	M.D.	Tan	cente	www.	und	41	23/58
PHYSICIAN'S RAME (Type)	. Me	Vaugh			1	and the same of the same of the same of the same of			and a second
220. BURIAL, CREMATION, 225. DATE TH	EREOF	22c. NAME OF CEMI	ETERY OR CE	EMATORY	22d, LOCAT	ION (City, town,	or county)	(5)	lofe)
REMOVAL (Specify) Burial April	30. 19			ran Cemete	1	aneytown	80		w.ej
3. EUNERAL DIRECTOR'S SIGNAPURE	7	ADDRESS	DI 6 0116		1 10			F 11	
Merevin C.T.	us			240. REC	D BY REGIST	58 1000	STRAR'S SIG	CON	
Werwyh V. Fuss	Ta	neytown, Ma	ryland	DATE W	IAI _	345			

may be retained. We haspital or attending physician.

TO FUNERAL DIRECOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in pay event within 72 hours after death. death! Page 4 TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs TO HOSPITAL OR VS A15 (4) 15M 10/57



4422 CERTIFICATE OF DEATH Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary land a. COUNTY b. COUNTY MARYLAND Carro11 Carrol1 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown) RURAL and give nearest town) Union Mills *Rural. Westminster-Nr. (Silver Run) Rural. Nr. Westminster d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Meadow View Convalescent Home ON A FARM? Westminster. Md. R.D.1 YES NO NAME OF Middle 4. DATE Day Year DECEASED (Type or print) William DEATH 4/27/58 Augustus Boisman 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Months Hours Min. Ma1e White WIDOWED P DIVORCED | 11/4/1865 92 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) Retired Farmer Farming (Retired) U-S-A-Carroll Co., Md. 13. FATHER'S NAME George Bowman Caroline Willet 17. INFORMANT JULIAN A JOCCOM Address IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO No. Luther A. Bowman, Hanover, Pa. R. D. 1 None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Swall hitestone days DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBÉ HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. n. Not while of work of work p. m. 1958 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 1:45P alive on M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREO 22c. NAME OF CEMETERY OR CREMATORY (Stole)

220. BURIAL, CREMATION. REMOVAL (Specify) 4/29/58 Burial

St. Marys Cemetery

22d. LOCATION (City, town, or county) Silver Run, Carroll Co., Md.

23 FUNERAL DIRECTOR'S SIGNATURE

Littlestown, Pa.

ADDRESS

240, REC'D BY REGISTRAR APR 2 9 '58 245 REGISTRAR'S SIGNATUR

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FUNERAL F

CHITITICATE OF BEATH

BUREAU Y

828 29 1958

DECENATED

		2 2 3 3					P	ceg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY	rrell		MARYLAND	2. USUAL RESIDE	NCE (Where dec		COLLEGE	Residence be		ision)
b. CITY OR TOWN (RURAL and give n Sykesvil		1 -	GTH OF STAY IN 16 -10mths-7d	11	WN (If outside c Itimere		its, write RUR	AL and give n	earest faw	m) 🗸
# d. NAME OF HOSPI OR INSTITUTION Springf	TAL (If not in hospitol, g			d STREET AD	outh Eas	t Ave	•		ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fred	lerick	Middle J	Branda	d. DA	TE ATH	Month 14		20y 12	Yeor 19 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED	10-14-18	885	9. AGE 72		UNDER 1 YEA		Water and the second
100. USUAL OCCUPATION during most of wor tationary	lung life, even it relired	done 10b, KIND O	F BUSINESS OR INDE		CE (Stole or forei	gn country)		U.S.		T COUNTRY
13. FATHER'S NAME				14. MOTHER'S N		C.L				
Edw		randaw			annah	Sta	euber			
15. WAS DECEASED EVE (Yes, no, or unknown)	IR IN U. S. ARMED FOR Ill yes, give war or dates of s			Hospital	records,		Address			
Canditions, if a gove rise to it couse (a), staling lying couse lost.	the under-))) DITIONS CONTRIB	UTING TO DEATH BU		HETERMINAL QIS	ASE COND	COP GIVEN	due to	19. WAS PERFO	AUTOPSY ORMED?
200. ACCIDENT WA	AS UNDERLYING COLORS CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HO	OW INJURY OCCURRI						YE ST] NO []
20c. TIME OF INJUS Hour o. m. p. m.	RY Month, Doy, Ye	While No		LACE OF INJURY (He octory, street, effice t		(City or town	רו	(Count	rì	(State)
actual Signature	not I attended the	158 del	, and that death	, 1958 occurred at?	ADDRES	ram the o	causes and y or town, sto	ote)	ate stat	decease ed abave ATE SIGNE 3-58
220. BURIAL, CREMATIC REMOVAL (Specify) BUPTAL	Apr. 15.	1958 Oal	NAME OF CEMETERY OF			timo;	ity, town, or o	county) Md. 1	(Sto	te)
HENRY SAN		NS.INC.	Baltimon	re Md.	ATE APR 1 5		Metu	AR'S SIGNAT	URE	3

may be retained. The hospital or attending physicion.

O FUNERAL DIRE, OR: After this certificate has been signed by the attending physician and campletely filled in by Tunneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO HOSPITAL OR ASTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oft may be retained. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by

r death. Page 4

VS A15 (4) 15M 9/55

HTASE TO STADISTREE OF DEATH

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	4	1. 166	and rod	4	, fort on la	en en en	14
or	1	DET N	in a pro-	*	ere teration	e.	
	1		- F. F.		Elements	# 1.24 PM	- Fr
			ut m			ne salisa i	sha'llw
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		g.	para total an				2.1



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FOR STATE HEALTH DEPT.

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06

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04410

-			4-4-0-/							Reg. E	Dist. No		
	PLACE OF DEATH a. COUNTY	Carroll	4434	MARYLAN	11	a STATE -		here deceased	lived. If institu b. COUNT		ience be		ission)
	Sykesvil	(If outside corporate limits, s	rite RURAL	2yrs, 2mos.1	- 1			outside corpo	rote limits, write	RURAL or	id give n	earest to	wn)
		eld State I		ospilal, give street oddress)		d. STREET ADI		Curley	st.			ON	A FARM?
	NAME OF DECEASED (Type or print)	Elle	en.	Florence .	BRAN	Lost		4. DATE OF DEATH	April	1	24,		1958
5. 1	Female	6. COLOR OR RAC	7. MARI WIDOW	RIED NEVER MARRIED TO		TE OF BIRTH	- 14	-	AGE In years lost by the day)	Months	R TYEAR Days	IF UND Hours	ER 24 HRS Min.
100	USUAL OCCUPATE OF WORLD	IION (Give kind of working life, even if retired	k done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLAC	E (Stote Land	ar foreign cou	intry)		J.S.		COUNTRY
13.	GOTAL Tho	mas Myrick			24	Mary							
	WAS DECEASED E	VER IN U. S. ARMED I		none 17		rmant ringfiel	ld S	tate Ho	Address Ospital	Recor	ds		
		ATH [Enler only one of ATH WAS CAUSED BY IMMEDIATE CAUSE DUE T	o)B	for (o), (b), and (c).]	ia							day:	
	Canditions, if gave rise to imm (a), stating the cause lost,	ony, which)	b)C	omminuted fra	etur	re, necl	cof	right	femur		7	weel	ks
CERTIFICATION	C.B.S.a	THER SIGNIFICANT CO	enile	contributing to DEATH BU	TON TO	th psyc	chot:	ic reac	condition giv	EN IN PAI		PERFO	AUTOPSY RMED? NO
	200, EXTERNAL C. PRIMARY D or C. CAUSE OF DEATH	AUSE WAS ONTRIBUTING M.	Patie	nt fell and b	(Enter	her h	y in Port	l or Part II of	Item 18.)				
MEDICAL	20c. TIME OF INJ Hour a. m p. m	2/1./28	Wh		actory,	of INJURY (Hor street, office bl oital	ne, farm dg., etc.)		ville	Carr	oll		(State) Md.
				remains described a causes []. Acciden	-		_ ' '	los los	pection K , Undete		ry 🗷 manne		d in my
	ACTUAL SIGNATURE	arner I	81	namel	M	.D. CHIEF MED		-				DATE S	IGNED
	EXAMINER'S NAME (Type)	James T. 1	larsh,	M.D.				AL EXAMINER		2.000-146-1	aggression, and aggression	4/21	4/58
	REMOVAL (Specif	4/28/	58	Oak Lawn		MATORY meters	7		imore.	Mar	y la :	(Stote	w)
	funeral directo		000 E	. Baltimore	_	7	a. REC'E	BY REGISTRA	IN 1246. REGIS		GNATUI		

DAMPR 2 5 '58

for, Please for, Page four files, of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hoors after death. If any delay is necesse execute the certificite, writing the ward "pending" in pencil in them, 18. Give Pages 1, 2, and 3 to the funeral difference of should be for a first and the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, ar remarel, and in any eyent within 72 hours after death.

VS. ATSME 5M 2/57

time? A Lin Tallein will light let ratingle with the second to be a self-representation of the construction of

Children State of the State of

BUREAU V. K.

APR 25 1958

DECEINED

Here the state of the state of

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De M	1. PLACE OF DEATH o. COUNTY
	b. CITY OR TOWN

death Page 4

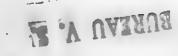
may be relatined. The hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplemity filled in by found director, page 3 should be detached for use as the burial-transity permit. Then phease remove carbon papers. Pages 1 and 2 should be filed with the page 3 should be detached for use as the burial-transity and in any event within 72 hours after death.

requires that the death certificate be executed

1. PLACE OF DEATH o. COUNTY	Carroll		MARYLA	UND	a. STATE	DENCE (Who Maryla	_	l lived. If instituti b. COUNTY		e before o		
b. CITY OR TOWN (IF RURAL and give ne	trest fown)	s, write	c. LENGTH OF STAY IN				utside carpo	rate limits, write R	URAL and g	iva nearest	town]	V
Sykesville			3yrs.17da	ys	d STREET A	imore			<i>i +</i>			
OR INSTITUTION	AL (If not in hospital, g Ld State Ho						land A	ve.			S RESIDENCE	-
3. NAME OF	Fir		Middle				4. DATE					==
DECEASED (Type or print)		rles	Parramo	re	BRITTIN		OF DEATH	Apri		9,	19 58	3
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		8. DATE OF BIRTI			9. AGE (In years			UNDER 24 H	
Male	White	WIDOWE	D DIVORCED		January	3, 1	889	lost burthday) yrs.	Months	Days H	aurs Min	
100 USUAL OCCUPATIO during most of working Salesman	N (Give kind of work on life, even if retired)	done 10b	KIND OF BUSINESS OR	INDUS		yland	ar fareign co	ountry)		S.A.	VHAT COUN	TRY?
13 FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					-
James Bri	ittingham				Sally	Hitt	ner Bi	rady				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, l f	VFORMANT			Add	resa			-
No		, , , , ,	-	S	pringfie	ld Ho	spita.	l Records	5			
18. CAUSE OF DEA	TH [Enter only one co	use per lis	ne for (o), (b), and (c).]							INTERV	AL BETWEEN	
PART I, DEAT	H WAS CAUSED BY:	C	erebral thr	omb	osis						AND DEATH	1
33XX	DUE TO											
Canditions, if on		. 0	erebral art	eri	oscleros	sis				Yes	ars	
gove rise to in cause (a), sloting t	mediate (2										
lying couse last) (c		eneralized							Yea		
C. B.S. ass Sciencisis 20. Accidenting OR Contributing III FEITHER, NOTIFY	ersignificant con sociated wi with psych	th c	ontributing to DEAT irculatory reaction.	H BUT Cis	not related to	othe:	r thar	cerebra cerebra	el art	1(o) 19. v er Lor	VAS AUTOPS ERFORMED?	.Υ • • • • • • • • • • • • • • • • • • •
OR CONTRIBUTING	S UNDERLYING []	20b DESC	RIBE HOW INJURY OCC	CURREC), (Enler noture a	finjury in P	art Lar Part	t II of item 18.)				
20c. TIME OF INJURY Hour a. m.	Manth, Day, Yes	While	Not while		ACE OF INJURY II			or town)	(C	ounty)	(51a	ite)
	of Lottended the		ed from March									
alive on		, 1½	22, ond that o	reom	accurred of			n the couses o		e dote :	DATE SIG	
ACTUAL SIGNATURE	mistri	cle	il Court	0	M.D. Spr					1,/0	158	
	1	-	1									
PHYSICIAN'S NAME (Type)	igustin de]	Camp	o, M.D.		Syk	esvil.	le, Ma	ryland				
220. BURIAL CREMATION			22c. NAME OF CEMET		R CREMATORY		22d. LOCAT	TION (City, Iown,	ar county)		(Stale)	
Burial (Specify)	April 11,	1958	Loudon Pa	ark			Balti	more,			Md.	
23 FUNERAL DIRECTOR'S	SIGNATURE	ns T	ADDRESS 1900 Eut	taw	Place	240. REC'E	BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE		
			200 2000 DU	- T	* 7000	DATE A	FR 1 1	'58 0	2100	1		

TO HOSPITAL OF VS A15 (4) 15M 9/55





tegistrar mithin 7 harrs at a death. After this by the funeral director, the third can of this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04412

44 CERTIFICATE OF DEATH

Reg. Dist. No.....

±.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
he h	COUNTY (Arroll MARYLAND	Maryland Com 12
	COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY	STATE / / / / A / COUNTY CAPTO
<u>F</u> 8	OR and give negrest town) TOWN (in this place)	OR TOWN 1 O
E in	HOSPITAL OR	1 1941 1951 EAD MAY lane
E 2 3 4	INSTITUTION OR	ADDRESS (If rural give location)
mithin umeral	STREET ADDRESS 117 8. MAIN SE	117 & MAIN St
	3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
ra P	(Type or Print) Edgar Murray E	Bush DEATHOBY 3 1958
registrar by the	S. SEX 6 COLOR OR 7. SINGLE, MARRIED, 1 8. DATE OF	
the re	Male White Willrused Dec	21 18 70 Styrs. Months Days Hours Min.
	10a, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUS.NESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
with filled rmit.	done during most of working life, even if OR INDUSTRY /	Adagas (country)
ed wit ly fille permit.	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
	alal M Prol	
e be fil Implifie transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
	(Yes, no, or unk.) (If Yes, give wer or dates of service)	17. INFORMANI & ADDRESS
rtifica and buria	m	D'JOSIPE E, JOUSH HAMPSTEAD PL
certificat a and ci a burial	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (A) Chroric	Myocorditis
death hysicial us as		
<u>e</u> 45	DISEASES OR CONDITIONS, IF ANY, (B) Colegar Character	- (Delin TRanches Depund
T Do	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
表達	(C)	
requires the atte	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
₽	DISEASE OR CONDITION CAUSING DEATH.	
> =	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
law by	21e. ACCIDENT WAS UNDERLYING [7] 21b. PLACE (Home, ferm, fectory. 1 2	YES NO
The should shoul	216. ACCIDENT WAS UNDERLYING [] 216. PLACE (Home, ferm, fectory, OR CONTR BUTING [] CAUSE OF DEATH OF INJURY street, office bldg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
D N N N N N N N N N N N N N N N N N N N	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED White Not white	211. HOW DID INJURY OCCUR?
E s d	M. at work et work	
DIRECTOR:	22. I hereby certify that I attended the deceased from 44-16	2, 19 5 7, to Liper 1 3, 19 5 8, that I last saw the deceased
20.8		9.304.M, from the causes and on the date stated above.
has has ificat	SIGNATURE OF THE	ADDRESS (Street, city, lown, state) ADDRESS (Street, city, lown, state) DATE SIGNED
FUNERAL DIR ertificale has be lasth mertificate in	sold (Dust M.D.	HAMDSTEAD INIA 4/3/18
Zig 4 Si	23. SURIAL, CREMATION. DATE THEREOF . I NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (State)
0 2 3	Brenoval (Specify) apr 615-8 Herein	tiad Christells 7911
NS.	24 AEC'D BY REGISTRAR RIGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
5.	DATE 1311 / 56 I wind educh	Gelle & Justion Howepstead Med



04413

	2.1	(- a					Keg. Dis	I. IVO.	14
1. PLAC	E OF DEATH		45 4 80/1 644	- 13	o. STATE	there deceased lived. If it b. Co	nstitutioni Residenc	e before o	idmission)
	Carroll		MARYLAN		Maryl	land			
	TY OR TOWN (If autside carporate limited and give nearest town)	iits, write	c. LENGTH OF STAY IN 1	ь	CITY OR TOWN (IF	autside carporate limits,	write RURAL and g	ive neares!	l lown)
	Henryton		109 days		Balti	more		-	
9 N	AME OF HOSPITAL (If not in hospital, R INSTITUTION	give street	oddress)		d. STREET ADDRESS	V C1 1	0.1	- (S RESIDENCE ON A FARM?
	Henryton :	state	Hospital	1	1528	N. Stricker	Street	YI	ES NO (7)
	ASEO	rst	Middle		Last	4. DATE OF	Month	Doy	Yeor
	or print) And		Samuel		Carey		Matroni	11	19 58
5. SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED] B. D/	ATE OF BIRTH	9. AGE (In			UNDER 24 HRS
	ale Negro	WIDOW			-7-1.894	63	γrs		
100 USI	UAL OCCUPATION (Give kind of work ing most of working life, even if retired	done 10b.		DUSTRY	11. BIRTHPLACE (State	a or foreign country)	12 CITI		VHAT COUNTRY
	Carpenter		Unknown		Snow Hill			USA	
13 FATH	IER'S NAME			14	. MOTHER'S MAIDEN	NAME			
	William Ca				Clara ??				
	DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	7. INFO	MANT		Address		
9.5	es W.W. I		217-14-3755		Emma Carey	r - 1528 N.	Stricker	Stre	et
	CAUSE OF DEATH Enter only one of	ause per li	ne for (o), (b), and (c)]					INTERV	AL BETWEEN
	PART I DEATH WAS CAUSED BY:	. For	r advanced pu	Imor	to AT ves	miliary typ	et	ONSET	AND DEATH
	IMMEDIATE CAUSE (-	tts disease.		0.2.0	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	- ,		
1.		, 10	COS CISCASE.						
	tve rise to immediate	b)						-	
ca	use (a), stating the <u>under-</u> DUE To	5							
		c)							
CATION	PART II. OTHER SIGNIFICANT COR	NDITIONS (CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	AINAL DISEASE CONDITK	ON GIVEN IN PART	``' F	PERFORMED?
E OR	. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	iter nature of injury in	Part I or Part II of item	18)		
WEDICAL 20x	TIME OF INJURY Month, Day, Yo	or 20d. I	NJURY OCCURRED 200.	PLACE	OF INJURY (Home, For	m, 20f. (City or town)	(C	aunty)	(State)
	Hour e. m.	While of war	Nat while	factory,	struet, office bldg., et	(c)			
"	р. т.			2:) E7	Install 17	- E8 · · · ·		
	I certify that I attended the								
ali	ve on April Til	, 19_	$58_{}$, and that dec	oth ac	curred at 1:42	.A.M., from the car	uses and an th	e date	stated abav
	WAL Edgars M. P.	near	Jacen Mr I	7		ADDRESS (Street, city or			DATE SIGNI
Sig	NATURE	,	7 7 7 7	M.D.	Henryt	on, Marylan	d A	pril,	8-11-58
PHY	(SICIAN'S Edgars M. M.	acula	ns, M. D.		Henryton	State Hospi	tal		
	RIAL, CREMATION, 226. DATE THERE	OF	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCATION (City,	town, or county)		(Stote)
	MOVAL (Specify) 4-15-	958	Barte ha	*		Bo	2 10	ma	
23. FUN	ERAL DIRECTOR'S SIGNATURE		ADDRESS		24g. REC	'D BY REGISTRAR 24	REGISTRAR'S SIG	MATUSE!	
Hy	O. H Ofela.	1341	EN Calley	(4	DATE	APR 1 4 '58	whene	aur	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) ISM 9/55

Mould by filed with

y death, Page 4

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IS RESIDENCE ON A FARM?

YES NO K

19 58

Day

United States

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

YES 🖪 NO 🗍

(Stole)

DATE SIGNED

(State)

(County)

246 REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Maryland MARYLAND Carroll b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown)
Rural - Sykesville Baltimore City 2 yrs.lli days d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS 2927 Sylvan Avenue Springfield State Hospital 4. DATE NAME OF Middle Month DECEASED OF DEATH CLOUD April (Type or print) William Ashby 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED 5. SEX 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost-birthday) Months Nov. 13, 1892 white male WIDOWED | DIVORCED | 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Roofing Co. Virginia 3. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James A. Cloud Virginia W. Campbell 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Sykesville. Md. Records of Springfield State Hospital lst WW - 1919 unknown nos 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Bronchopneumonia 420.0 **DUE TO** Arteriosclerotic heart disease; coronary arterio-Conditions, if any, which gave rise to immediate sclerosis. **DUE TO** couse (a), stating the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY Chronic brain syndrome assoc. with circulatory disturbance, with corobral refformed? arteriosclerosis, with psychotic reaction.

206 ACCIDENT WAS UNDERLYING | 206 DESCRIBE HOW INJURY OCCURRED (Enter OR CONTRIBUTING | CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from March 23, 1956, to April 6 ___, 19_58, that I last saw the deceased and that death accurred at 8:00PM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE Springfield State Hospital PHYSICIAN'S NAME (Type) Martin Gross, M. D. Sykesville. Maryland BUR AL, CREMATION, | 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county

ADDRESS

0 VS A15 (4)

FUNERAL

D

23 FUNERAL DIRECTOR'S SIGNATURE

director.

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B.Y UABRUE

Appliate Adv

TELADED AND SELVER

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 *MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	-			441						Keg. U	IIST. No.		~ ~
\		PLACE OF DEATH		L 1 0 0 -		2	USUAL RESIDENCE (ed lived. If institution b. COUN		ence befr	ore odmi	is an)
Л			Carroll		MARYL		wd						-
	Ъ	CITY OR TOWN (H	eviside corporate limits, will	JASUS #	c LENGTH OF STAY II	N 16	c. CITY OR TOWN (II	f outside corp	porote limits, wri	le RURAL on	d give ne	egrest tov	ku) A
		ykesville				mo	<u>Baltim</u>	ore Ci	.ty	W		*	4
			ld State Ho		ito [†] , give street address		4403	VERLY	100D	A D I ON A FARM			
	3. 1	NAME OF	Fil	_	Middle	1	Lost	4 DATE	Mor	Aonth Day Year			100
		DECEASED (Type or print)	EDWA	RD	7.	(-OSTIN	OF DEATH	Apri'		13		58
	5, 5	ŧΧ	4. COLOR OR RACE	MARRIED	NEVER MARRIED	3 8 DA	TE OF BIRTH		9 AGE (in years fast birthday)	IF UNDER			R 24 1150
		male	white	WIDOWED	DIVORCED [1-5-01		56 yrs	Months	Days	Hours	Min
	10a,	. USUAL OCCUPATION In the control of working most of working the control of the c	N (Give kind of work plife, even if refired)	done 10b. Kt	ND OF BUSINESS OR H	NDUSTRY	11. BIRTHPLACE (Stote	e ar fareign c	ountry)	12. CIT			COUNTRY
		Typisi	<u> </u>				Maryland				U.S	.A	
/	13.	FATHER'S NAME				14	MOTHER'S MAIDEN I	NAME					
		Genera						_EDa			The Table		
		. no. er unknown)	R IN U. S. ARMED FC (If yes, give wer er dates of		OC AL SECURITY NO	17 ENFO	RMANT		Addre	25			
		no		- 1		reco	rds of Spr	ingfie	1d State	Hosp			Ann and
			H [Enter only one co	use per line fo	or (o), (b), ond (c)]	1		- (ONSE	YAL BETWE T AND DEA	(원 건선
			H WAS CAUSED BY: IMMEDIATE CAUSE (o)	OROWARY	<u>(C</u>	ectils1	010			172	سباريان	2
		1, 1	DUE TO										
		Conditions, if a		L									~ ~-
		gove rise to immed (a), stating the a											
		coure fost.) (c										
v	Ž Q	PART II. OTH	ER SIGNIFICANT CON	ADITIONS COL	TRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	NAL DISEAS	E CONDITION G	IVEN IN PAR	T 1(o) 19	PERFO	RMED?
ð	3	desired value	phrenic re	eaction	, unspecif	ied					γ	ES 🔲	но 🗌
	CERTIFICATION	20g. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS 2	DESCRIBE	HOW INJURY OCCUR	RED (Enler	noture of injury in Pos	rt t or Port ti	of item 18)				
	3	20c. TIME OF INJUI	Y Month, Doy, Ye	or 20d. IN	JURY OCCURRED 720	PLACE	F INJURY (Home, for	m, 20f. (City	or fown)	(Co	unty)	-	(Stole)
	MEDICAL	Hour o.m.	19	While of worl	Not while	factory,	street, office bldg., etc		-				
	~				empins described	abave,	held on Autops	sy [], [i	nspection 🔀	t. Inqui	ry [X],	One	d in my
		opinion death		Natural co		ent 🗍.		Hamicide		termined		,	,
		1/	,	۲.		t-mal*	٠٠٠٠ حـــ ٢					• (
		ACTUAL SIGNATURE	11111	My	my 1)		D. CHIEF MEDICAL E	XAMINER [DATE S	IGNED
		SIGNATURE	alfangelija Dalde				ASSISTANT MEDIC	AL EXAMINE	R 🗍			11/	2/
,		EXAMINER'S NAME (Type)	AMES	T. N.	BESH		DEPUTY MEDICAL		_			11/	2/28
	220	BURIAL CREMATIO	N 226 DATE THERE	OF	THE NAME OF CEMETE	NY OR-CH	MATORY	22d LOCA	TION (City, lown	, or county)		[State)
		TSURIAL	17/16/0	0	LOSKAIN	E	MRK	W	OODLI	964	~	111	0,
	23.	FUNERAL DIRECTOR	S SIGNATURE Z	DIREC	CADORESS		4 UE 240 REC	D BY REGIST	RAR 246 REC	STRAR'S SH	SNAJUR	3	
	1	11/1/ 6-1	FULLER	AI LI	141 577110	AID	CAN / WIRL	HZ I 5	0 1 00	1. COU	2/1		

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within \$1 \$0 and ofter Beath. If may Relay is necessored the certifies, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be fare used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to burial, cremation, or removal, and in any event, within 22 hours after death. YS A15ME BM 2757

BUREAU K. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4417 CERTIFICATE OF DEATH

Rea. Dist. No.

04417

	441				Keği Disi.	110.
	1 PLACE OF DEATH O COUNTY Ferroll	MARYLAND	2. USUAL RESIDENCE (W)	here deceased lived. If in b. COL	INTY 1/2 /	before odmission)
	b. CITY OR TOWN (If outside corporate limits, write SURAL and give nearest fown)	c. LENGTH OF STAY IN 16	1) 4	oytside corporate limits, w	rite RURAL and give	negrest town)
	d NAME OF HOSPITAL (If not in hospital, give street a OR INSTITUTION 127 L Sheen	1.L.	d. STREET ADDRESS 222 M	rainst		e. IS RESIDENCE ON A FARM? YES NO 27
	3. NAME OF DECEASED (Type or print) Charlotte	H Cre	llison	4. DATE OF DEATH Cipie	Month 27-	Doy Year
	Finale White WIDOWE		B. DATE OF BIRTH Wes. 11 18	78 9. AGE (In)	yrs Months Do	
	100 USUAL OCCUPATION (Give kind of work done 10b.) during most of working life, even if retired)	(IND OF BUSINESS OR INDUS	and.			N OF WHAT COUNTRY?
	13. FATHER'S NAME Lewis & Gre		Martha	- Fragie	w	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. [Yes, no, or unknown) (It yes, give wor or dates of service)	nene M	NFORMANT NS. Jenes C 1	Voine I	Address	tw md
)	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	for (o), (b), and (c).	o Kleme	uhage	ا ا	INTERVAL BETWEEN ONSET AND PEATH
	Conditions, if ony, which (b)	rterio se	levetre Co	religi Ro	wol	1650
	gove rise to immediate coese (a), sletting the under-lying couse last.	Myora	a dull	Degoues	alion	, ,
	PART II. OTHER SIGNIFICANT CONDITIONS CO	lermora	RE1955-	Eduster Francis	X	PERFORMED? YES NO NO
	OF CONTRIBUTING CAUSE OF DEATH	LER WAY INJURY OCCURRE	Cerro of injury in	Port I or Port tìl of⊿fem 18	3.)	
	20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a. m. Kull 31 1956 of work	Not while / fac	ACE OF INJURY (Home, form story, street, office bldg., etc.	Reisles	Louen &	alto kud
	21. I certify that I attended the decease alive on 22 2 4 195	od from A DC 13	0000000 at 7:57	Pre 127, 19 PM, From the caus		it saw the deceased date stated above.
	ACTUAL COLOR CONTROL SIGNATURE COLOR	Sperch	en Wes	ADDRESS IStreet, city or I	Cer Ma	DATE SIGNED 4/28/5
1	PHYSICIAN'S NAME (Type)					
	220. BURIAL, CREMATION, 226. DATE THEREOF SEMOVAL (Specify) Cynl 30/58	Rund /	R CREMATORY CLAS	22d. LOCATION (City, to	: 10	Mcl (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE	Rustinsto	un Med DATE DATE		REGISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the hospital or ottending physician.

TO FUNERAL DIRECTAL STREET ATTENDING CONTROL OF THE OTTENDING PHYSICIAN AND THE ATTENDING PHYSICIAN AND THE PAGE 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. YS A1S (4) 15M 9/SS

neral director, old be filed with

death. Page 4



OECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1121

CEPTIFICATE OF DEATH

04418

_		スズジア	CERTIFICA	AIL OI DE	7111		Reg. Dist. N	lo.
1.	PLACE OF DEATH	roll	MARYLAND	a STATE	CE (Where deceas	ed lived. If institution b. COUNTY	Montge	
I	b CITY OR TOWN (IF RURAL and give not UTAL - Dyk	outside corporate limits, write prest town! 105VILLO	7 months	Silver S		porote limits, write RI		
	OR INSTITUTION	Springfield Sta	· ·	d. STREET ADDR	ESS	ng Avenue	,	IS RESIDENCE ON A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print)	Lawson	Middle Brown	CULP	4. DATE OF DEATE	Moni		Day Year 17 19 58
5.	male	6. COLOR OR RACE 7. MARE		B. DATE OF BIRTH Nov. 23,	1879	9. AGE (In years lost birthday) O yrs.	Months Days	AR IF UNDER 24 HRS
10 F	during most of works tet. telegr	N (Give kind of work doze 10b ng life, even if retired) U er aph operator -	KIND OF EUSINESS OF INDU	South C	(Stote or foreign	country)		of what country
_	John Green			14 MOTHER'S MAI				
15. jv.		f yes, give wor or doles of service)	MONE	enformant cords of Sp	oringfie			ville, Md.
	PART I. DEAT	TH [Enter only one couse per la TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchopneum	onia				NTERVAL BETWEEN INSET AND DEATH Days
	Conditions, if an	y, which (b)	Arteriosclero	otic Heart	Disease			Years
z	tying cause last	(c)	Generalized A			SE CONDITION OF	Photos Bank 17	Years
FICATIO	with psyc	with circulat hotic reaction	ory disturbance	ce, with ce	rebral a	arterioscl	erosis,	PERFORMED? YES NO TO
IL CERTI	200 ACCIDENT WAS OR CONTRIBUTING (IF EUIHER NOTIFY A	CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE					
MEDICA	20c. TIME OF INJURY Hour o. m. a p. m.		Not_while fo	ACE OF INJURY (Home ictory, street, affice bld), form, 20f. (Ci g., etc.)	ty or town)	(Count	(Stote)
	21. I certify the	at I offended the decease	ed from September		1130AM, fro	m the couses a	nd on the d	dote stoted above
	ACTUAL SIGNATURE	ritui del	Compa	M.D. Springf		Street, city or town, to the Hospit		4/17/58
	PHYSICIAN'S NAME (Type)	Agustin del Ca			lle, Mar			
22 I	P. BURIAL, CREMATION REMOVAL (Specify) BURIAL	1, 226. DATE THEREOF 4/19/58	TT. LINCOLN			ATION (City, town, on NCE GEORG)		(State) Y. MARYLANI
23	FUNERAL DIRECTOR'S	SIGNATURE STREET	, SILVER SPRING	G, MD. 240	. REC'D BY REGIS	STRAR 246 REGIS	STRAR'S SIGNAT	

TO MOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Pager may be retained, the hospital at attending physician.

TO FUNERAL DIN. OR. After this certificate has been signed by the attending physician and completely filled in by funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be Elbed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours affected the VS A15 (4) 15M 9/55

funeral director.

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2 .V UALTUB

DE ALIDEO

Milliam Cook-Blinkt, 6009 " rford Road

CERTIFICATE OF DEATH

g. Dist. No.

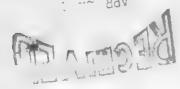
w				4.4	F92	CERTIFIC	AIL OI	PLAII	•		Reg. Dist.	No.	
foge 4 director, iled with	()		PLACE OF DEATH					ESIDENCE (Wh	era decessa	d lived. If institution	on: Residence	before admiss	ion)
filed	/ "	4	Ca. COUNTY	rroll		MARYLAND	a. STATE	Mary.	land	b. COUNTY	Balt	to. Ci rbe	7
oth; erol be fil			b. CITY OR TOWN (IF	autside corporate limi	ts, write c LE	NGTH OF STAY IN 16	c. CITY C	-		rote limits, write R			
ded ded d b			Sykesvi		3.22	s.llmos.l	in order	Balt	mone	4 2	, 🖒	,	
000			d. NAME OF HOSPITA					T ADDRESS	Lillon C	() ·		e. IS RES	IDENCE
hy af	,		OR INSTITUTION	ield State				7000	MEAAT	Lesex Rd.		YES I	FARM?
in b		1		reid Doade	1102010	Middle		Lost	4. DATE	Mon			Year
24 Per 1			NAME OF DECEASED (Type or print)	Theres	o Mania	Atkinson	DANEKER		OF DEATH				1958
libin 2 ly fills Poges		5.				NEVER MARRIED				9. AGE (in years		EAR IF UND	
3 #	1	-1	Female	White	WIDOWED A	DIVORCED [Unknoy			last birthday)		ys Hours	Min.
ecuted comple popers.	. ()		. USUAL OCCUPATIO						or foreign c		12. CITIZI	N OF WHAT	COUNTRY?
200	g T	1	during most of worki Housewife	ng life, even if retired)			ryland				J.S.A.	
and bon	5		FATHER'S NAME					R'S MAIDEN N	AME			JeDene	
e B 3	6	1	George Atk	incon				izabetl		ncon			
fical	202		WAS DECEASED EVER		CESS 116 SOCIA	L SECURITY NO. 117	INFORMANT	TSape of	I TOKA	Addı	913		
erti.	γ Σ		NO	yes, give wer or delet of s		_		4.74 W	acmit c	1 Record			
ding ding	5	\vdash				(-) (1) (-) (-)	obtair	Teru III	Dahire	it necora	5	INTERVAL BE	TRACEAL
deo tren	<u> </u>			H [Enter only and co H WAS CAUSED 8Y:								ONSET AND	DEATH
ie d	Ē		4431	IMMEDIATE CAUSE (0		rtensive a	cterios c	leroti	c hear	t diseas	е.	Year	3
* * * .	Š		, ,	DUE TO			kawa aa a 7					V	
e s	5		Conditions, if an gove rise to in	mediate		ralized ar	reliosci	erosis	•			Year	3
an de la	.5		cause (a), stating t		Dish	etes Melli	tue and	concre	na of	wight fa	at		
reign en s	Ĕ	Z	lying couse lost.) (c	F	IBUTING TO DEATH B						ZAW OF LEV	AUTOPSY
for hysic be i be	<u>ģ</u>	15	C.B.S.ass	oc.with di	st.of me	etab. grow	th or nu	trition	n.with	senile	brain	PERFC	RMED?
The g pl hai	E	5	disease w	ith psycho	tic real	now injury occur	PED JEnter notus	ra of injury in I	Part Lor Por	t II of item 18.1		155	NO 💽
din din	2	CERTIFICATIO	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	AND. DESCRIBE	1011 1143081 00008	ACD (CINE) INIO	W OI INJOIN IN	417 1 01 1 01	7 11 21 11210 12 1			
S T S T S T S T S T S T S T S T S T S T	Š.		20c. TIME OF INJURY		or 20d. INJURY	OCCUPPED 20-	PLACE OF INJUI	Y (Home form	20f. (Cit)	a de lavest	(Cou	and all	(Stote)
4 S C C C C C C C C C C C C C C C C C C	of to	MEDICAL	Hour o.m.	10	While I	Not while	foctory, street, e	ffice bldg., etc.)	, or rowing	(00	miyi	(21016)
10年 10日	6	*	p. m.		of work 🔲 t	E-Q-J		t grif h	10.00		^		
osp Affer	6		21. I certify the	at I attended the	deceased fr	om March 7							
he to	pr.		alive on Apr	11 7	12 58	and that dea	th accurred						
de Ser	p		ACTUAL (5/5/	111	Campe	C			treet, city or town,	*		ATE SIGNED
0 2 2	יים		SIGNATURE	com	CELLY	avorque		True T	STO DE	ate Hosp	Toar	4/-	10/20
AL Chain	5		PHYSICIAN'S	gustin del	Carma	ID /	C-	kesvil	lo M-	to an France			
ERA 3 sh	Pist.	70											
HOS POR	0	224	BURIAL, CREMATION REMOVAL (Specify)	4-12-58		NAME OF CEMETERY				TION (City lawn, o	or county)	(Stot	e)
0 E 0 g	Ē	-	BURTAT. FUNERAL DIRECTOR'S			ADDRESS	TUT OF			TRAR 246 REGIS	- A A-	ATURE	
		0.27	TOTAL SECURE AND A					240. REC	P RI MEGIS	INCH KOU KEON	A 100 A 100 A	THE STATE	

VS A15 (4) 15M 9/55

24a. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

DATE 42 1 '58



BUREAU V. S.

PLACE OF DEATH

Garroll

OR INSTITUTION

o. COUNTY

NAME OF

5. SEX

DECEASED

(Type or print)

13. FATHER'S NAME

filed

pe

ould

physician

ottending please

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n signed

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Per

gny

requires that the

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cause (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? P.S. assoc. with senile brain disease with psych, reaction YES NOT 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)

200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month.

Hour a.m

20d INJURY OCCURRED Nat white at wark at wark

20e PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, office bldg, etc.)

(State) (County)

e. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN

ONSET AND DEATH

days

veras

Day

Doys

YES NO P

Year

158

19.58 , that I last saw the deceased 21. I certify that I attended the deceased from. _, and that death occurred at 8:15AM, from the causes and on the date stated above. ADDRESS (Street, city or lawn, state) **DATE SIGNED**

PHYSICIAN'S

NAME (Type)

REMOVAL (Specify)

Edmind Lusthaus

Day, Year

Sykesyille. Maryland

Springfield State Hospital

22d_LOCATION (City, tawn, or county)

(State)

FUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 226. DATE THEREOF

22c NAME OF CEMETERY OR CREMATORY

REGISTRAR'S SIGNATURE

01 VS A15 [4]

O.

prior **DIR** D



BUREAU V. S.

Prod = 1 18 . 40288

TO HOSPITAL OR A may be retained TO FUNERAL DIRE

VS A1S (4) 15M 10/57

04421

CERTIFICATE OF DEATH Rea. Dist. No.

	PLACE OF DEATH	Carroll		MARYL	AND	2. USUAL RESID	Maryl		lived If institute b COUNTY		before odi Arund	-
	RUSAL and give no	aviside corporate limit orest town) B	s, write	21yrs 9mos				ows Po	ote limits, write R	URAL and gr	ve neorest t	own)
	d NAME OF HOSPITA	AL (If not in hospital, 9 1d State He	ospit	addressi		d STREET A	*				01	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	Elsie		Middle Bell		DODD		4. DATE OF DEATH	April	ih Z	Day	1958
S.	Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	_	June 1			P. AGE (In years last hirthday) 59 yrs.	100	YEAR IF UI	NDER 24 HRS Hrs Min.
100	USUAL OCCUPATIO during most of work None	IN (Give kind of work of ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUS		ACE (Stole o		untry)	12. CITIZ	U.S.	A.
13	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	William D	odd				Lou	nise B	ell				
15. (Ye		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT			Add	ress		
Ĺ	No	-			Sp	ringfie]	ld Hos	pital	Records			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	_	e for (o), (b), and (c).}	oni	3						BETWEEN NO DEATH
	Conditions, if on gove rise to in cause (a), stating t	nmediate (DUE 70		hronic rheu	mat:	ic heart	dise	860			Tea	ars
CATION	Mental D	eficiency v	DITIONS C	ONTR BUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PE:	AS AUTOPSY REORMED?
CERTIF	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER]	20b. DESC	CRIBE HOW INJURY OC	CURRED). (Enter noture a	f injury in P	ort I or Port	1) of item 18.)			
MEDICAL CERTIF	20c. TIME OF INJURY Hour o. m. p. m.	f Month, Day, Yeo	While at work	Nat while		CE OF INJURY II lory, street, office			or town)	(Ca	ounty)	(State)
	ACTUAL SIGNATURE		_ 195 2e C	Comp	7. death	o Spri	3:25P ingfie	M, from DORESS (SIF	the causes c	and on the	ost saw the date st	DATE SIGNED
220	REMOVAL (Specify)	A		22c. NAME OF CEMET	ERY OF	CREMATORY		22d LOCATI	ON (City, town,	* *	(State)
			1958		_Ce	metery			Colgat			
	FUNERAL DIRECTOR'S		0770	ADDRESS				BY REGISTR		STRAR'S SIG	VATURE V	
	ULLTICH FU	ieral Home	STTS	Dundalk Av	e.		DATE	IPR 28	'58 9	1200	2226	



RUREAU V. S.

r death Page 4

etely filled in by Truneral director, Pages 1 and 2 shauld be filed with

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oe G	事業	
The .	e de car	
þat	O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campage 3 shauld be detached for use as the burial-transit permit. They elease remove carbon paper the registrar prior to burial, cremation, or removal, and in any event within 32 hours after death.	
50	an time	
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TO MOSPITAL OR AFTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of 950 may be retained. The hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in by the page 3 should be detached for use as the bunial-transit permit. They presse remove carbon papers. Pages 1 and 2 shother registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.	

		64.0	O CERTIFICA	TIL OF DEATH	Re	g. Dist. No.					
		LACE OF DEATH		2. USUAL RESIDENCE (Who	ere deceased lived. If institutions is	Residence before admission)					
/	°	Carroll	MARYEAND	o STATE Maryla	and b. COUNTY B	alto.Co.					
	t	 CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If or	utside corporate limits, write RURA	L and give nearest town)					
		Sykesville	5yrs.lmo.8da	Catons	ville	•					
	٩	NAME OF HOSPITAL (If not in hospital, give stre	eet oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
		Springfield State Hosp	oital	3 Winte	ers Lane	YES NO					
	3.	NAME OF First	Middle	lost	4. DATE Month	Doy Yeor					
	-	Type or print) Walter	Rudolph	DOI LE	DEATH April	15, 1958					
	5. S	Mada total	ARRIED 🗍 NEVER MARRIED 🔼	8. DATE OF BIRTH	last birthdoy) Me	UNDER 1 YEAR IF UNDER 24 HRS					
		Wilde	OWED DIVORCED	September 1	1894 63 11						
		. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)			_	12. CITIZEN OF WHAT COUNTRY?					
	_	Garpenter FATHER'S NAME	CONTRACTING	Maryland		U.S.A.					
	13.	LAWRENCE R.	DOYLE		. Doyle (CRUM)	WINE)					
	15.	WAS DECEASED EVER IN U. S ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address						
	(Yet	No or unknown) [If yes, give war or dates of service]	- S	pringfield Hos	spital Records						
)		1B. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH					
,		PART 1 DEATH WAS CAUSED BY: / IMMEDIATE CAUSE (a)	Coronary occlus	ion		Minutes					
		DUE TO									
		Conditions, if any, which } (b)									
		gove rise to immediate DUE TO									
	_	lying couse lost. (c)									
E3	CATION	Involutional psychotic reaction. Fulmonary tuberculosis, far advanced, Preferenced, No. 19. Was autopsy performed?									
	CERTIFICATION	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port t or Port It of stem 18.)						
			d INJURY OCCURRED 20e Pt	ACE OF INJURY (Home, form	, 20f (City or town)	(County) (State)					
	MEDICAL	Hour o m		ctory, street, office bldg., etc.		(2000)					
	~	21 I certify that I attended the dece		27-1055 toAnn	47 15. 1058 H	not I lost sow the deceased					
		1. /91 /// 0			-	on the date stated above.					
		1	*		ADDRESS (Street, city or town, state						
		SIGNATURE PAUL SERVICE IN DELLER	Resuper	M.D. Springfie	ld State Hospita	al 4/15/58					
/		PHYSICIAN'S Julian Radcykon	wycz	Sykesvill	e, Maryland						
	220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specified 4-18-5)	72c. NAME OF CEMETERY O	Branch	22d. LOCATION (City, town, or co	Company) (State)					
	23	FUNERAL DIRECTOR'S SIGNATURE	n-Catanwill	1/2 1/2 //	D BY REGISTRAR 246 REGISTRA	R'S SIGNATURE					
		<u> </u>									

BUREAU V. S.

5.01 2 20.3

DECENED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4436 CERTIFICATE OF DEATH rerat director, ald be filed with

NDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR AT

VS A15 (4) 15M 10/57

may be retained to the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shifthe registror priar to burial, cremation, at removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

04423

Rea. Dist. No.

	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where docoased lived If institution. Residence before admission). b. COUNTY b. COUNTY
ŧ	b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b RUKA) and give neglect town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e is residence on a farm? yes \(\) NO
(NAME OF DECEASED (Type or print) (Markle) Charles	Described 4. DATE Month Day Year OF DEATH Charles 15 19.58
	MIDOWED DIVORCED	MULLIUS, 1898 G. yrs IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
)	o. USUAL DECUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during that of working life, even if retired)	with med 4.5.A
	Tillysome & Dewall	Burgenetta Holmer
[3. {Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17 18 20 10 30 11 11 11 11 11 11 11 11 11 11 11 11 11	Kenstinie Musalf - Hykesville my
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY	EDEMA INTERVAL BETWEEN ONSET AND DEATH 7.4 hre
	Conditions, if ony, which gove rise to immediate (b) LEFT HEAD	RT FAILURE 24 lus
7	couse (o), stoting the under-	D. 3 yrs.
FICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18)
MEDICA		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg , etc.)
	21. I certify that I attended the deceased from DEC alive on APRIL 15, 1958, and that death	occurred at 4.45 M, from the causes and on the date stated above
	ACTUAL SIGNATURE	M.D. Syklam (Street, city or fown, stote) DATE SIGNED 4-16-
	PHYSICIAN'S R. V. HOUCK, SR.	JSYKESVILLE, MD.
220	BURIAL CREMATION, 276. DATE THEREOF 222 NAME OF CEMETERY OF CHIEFERY OF CHIEFE	R CREMENTORY 22d LOCATION (City town, or county) (Stote)
23	FUNDRAL DIRECTOR'S SIGNATURE THETHER THE SEAT CHAMESVELLE	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE OPR 2 1 '58



BUREAU V. S.

9 4

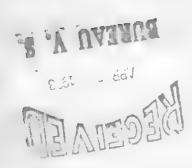
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4437

CERTIFICATE OF DEATH

()4424 Reg. Dist. No. 74

1. PLACE OF DEATH d. COUNTY	rroll		MARYLA	UND	2 USUAL RESIDENCE (Waryle	_	d lived If instituti b. COUNTY			dmiss on)
b CITY OR TOWN (III	f outside corporate limit	, write	c. LENGTH OF STAY IN	115	c. CITY OR TOWN (If	autside corpo	orote limits, write R	URAL ond g	ive nearest	lown)
* * *	ryton		since 1952		* Henryt	on				
	AL (If not in hospital, gr	ve street			d STREET ADDRESS				e. IS	RESIDENCE ON A FARM?
					Henryt	on, Ma	aryland			S NO K
3. NAME OF DECEASED	Firs	1	Middle		Losi	4. DATE OF	Mor	nth	Day	Year
(Type or print)	Em11:				Eglitis	DEATH	Apr	11	23	1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B.	DATE OF BIRTH		9. AGE (In years last birthday)			JNDER 24 HRS
Female	11122,00	WIDOW		,	Oct. 19, 189	3	64 yrs	Within	OBYS NO	PUTS WITH
 USUAL OCCUPAT C during most of work 	ON (Give kind of work dung life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPLACE (Stole	or foreign c	ountry)	12 CITI	ZEN OF W	HAT COUNTRY
Physic			Medleine		Latvia			1	J.S.A	•
3. FATHER'S NAME			7		14. MOTHER'S MAIDEN	NAME				
Pe	eters Janson	18			Lizeta La	meins				
5 WAS DECEASED EVER	R IN U. S. ARMED FOR	ES7 16.	SOCIAL SECURITY NO	17 IN	ORMANT		Add	ress		
No.	(If yes, give war or dates of se	1 .	None	Dr	. Rudolfs Eg	glitis	- Henryt	on, Mo	d 1	Husband
	TH [Enter only one cou	se per li	ne far (o), (b), and (c).]						INTERVA	L BETWEEN
PART E. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	In.	anition						UNSET /	AND DEATH
176.0	DUE TO									
Conditions, if or	ny, which) (b)	Can	cer of vulva	a. i	noperable. 1	recurre	ent.			
gave rise to in	mmediate (
lying couse lost,	ine Under-	Gen	eralized dei	orm)	ing Arthriti	is				
PART II. OTH			CONTRIBUTING TO DEAT				E CONDITION GIV	EN IN PART	1(a) 19 W	/AS AUTOPSY
Ĕ				_					PI PI	ERFORMED?
PART II. OTH PART II. OTH 200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING []	20b. DES	CRIBE HOW INJURY OCC	URRED	(Enter nature of injury in	Part I or Par	t II of item 18)		(12)	LI NOL
	MEDICAL EXAMINER)									
	Y Month, Doy, Year	20d. II	NJURY OCCURRED 20	De, PLAC	E OF INJURY (Hame, for	m, 20f. [City	or town)	{Co	ounty)	(State)
Heur o.m.	19	While of wor	Nat while	fecto	ry, street, affice bldg., et	c.)				,
					£7	Arrand 7 (22 []	<u> </u>		
			ed from <u>Octobe</u>	ZC	, 19.57, to	vhirr o	<u> </u>	that I lo	ost saw I	the deceased
alive an April	4.42	., 192	$8_{-,-}$ and that d	eath c	occurred of 132	A.M. fron	n the causes o	and an th	e date s	
ACTUAL Ede	ars m. m.	,			**		treet, city or tawn,	stote)		DATE SIGNED
SIGNATURE	18005 117.1172	-0274	aces	М	D. Henryton	Mary.	Land			4-23-5
PHYSICIAN'S EC	lgars M. Ma	cula	ns, M. D.		Henryton	, Mary	Land			
DO BURIAL CREMATION (REMOVAL (Specify)	N. 225 PATE THEREOF	58	Doulony	RY OR	CREMATORY	22d LOCAT	HON CHY, town,	or county)	ml	(State)
3. FUMERAL DIRECTOR'S	SIGNATURE	61	ADDRESS /	-	/ 240 REC	D BY REGIST	RAR 246 REGA	STRAR'S SIGI	NATURE	
hutter	X Thuish	1	Oferheavil	Ile,	714 DATEPR		(levi	esue	h	



*MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4438 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

04425

Ren. Dist. No

												449. 01	311 140.		
1		PLACE OF DEATH COUNTY	arroll		MAR	YLAND	2. USUAL RESIDENCE O STATE Mar				instituti VTMUC	on Residen	nce befor	re admis	uon)
1		CITY OR TOWN (outside corporate limi	ts, write	c. LENGTH OF STAT	Y IN 1b		A1		ote limits.	write R	URAL and	give neo	rest fow	2)
		RURAL and give ne	enryton		1,304 da	ve	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Baltimore							Luman	
	-	d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street	address)	70	d. STREET ADDRESS		IIIOT 6			V / /		e IS RES	IDENCE
4		OR INSTITUTION	Henryton S				507	P:	ine St	reet				ON A	FARM?
	3	NAME OF DECEASED	Fir	st	Middle	e	lost		4. DATE		Mon	th	Day	у	Yeor
		(Type or print)	Walte		Abraham	1	Fisher		DEATH		lpri	1	3		19 58
	5. 5	SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARR	IED 🔲 8.	DATE OF BIRTH			9 AGE (In	years	IF UNDER			
		Male	Negro	WIDOWE	DIVORCE	ED 🔲	Feb. 12,	189	90	lost b'rti	yrs	Months	Doys	Hours	Min.
	10a	JSUAL OCCUPATIO	N (Give kind of work)	done 10b	KIND OF BUSINESS	OR INDUST	Y 11. BIRTHPLACE (SI	tale c	or foreign co	untry)		12 CIT	TIZEN O	F WHAT	COUNTRY
		Labor	ing itte, even it retired) [Unknown		Baltimo						II	SA	
	13.	FATHER'S NAME	,				14 MOTHER'S MAIDE			Laiu			U	OA.	
1		Ŧ	manuel Fis	char			Louise	Chi	nelatt						
	15	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	o. 17. INF		VIII	arrece		Addı	ess			
		No	If yes, give war or dales of s		212-16-654	2 W	alter A. F.	i ek	202 -	Patie	mě				
	-	1.	TH [Enter only one co				ALUCI AS I	701	161 -	raute	1110		LINITE	RVAL BE	Ting Co.
			TH WAS CAUSED BY:					1	م خمرا				ONS	ET AND	DEATH
		002X			advanced	pulmo.	iary tuber	cu	rosra.						
			DUE TO												
		Conditions, if or gove rise to in	amediate	,									-		
		cause (a), stating t													
	z	lying couse lost) (c										1		
5	읱	PARI II. OTH	ER SIGNIFICANT CON	DITIONS C	ONI KURUHUNG TO DE	AIH BUI N	OF RELATED TO THE TE	RMIN	NAL DISEASE	CONDITIO	ON GIV	EN IN PAR	T 1(0) 19	PERFO	AUTOPSY RMED?
	Į.	00 45510515344		not not										YES [но □
	CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY O	OCCURRED	(Enter noture of injury	in Po	art I or Part	II of item	18.)				
	MEDICAL		Month, Day, Yes	or 20d. IN	JURY OCCURRED	20e PLAC	E OF INJURY (Home, I	form,	20f. (City	or town)		(0	County)		(State)
	MED.	Hour o.m.	19	While	Not while	locto	y, street, office bldg,	etc)							
			at I attended the			- 7	10 5):	âm	mil 3	,	<u>، ៩</u> ৪			-1	
		alive an Apri	7 3	necease	58	Rankaus.	ي. ۱۵. ب <u>ا⊊لا۲</u> ۱ بـــ. ۱۵. و ۵.	ע ע ייאט	the state of the state of		4_20	Linat I I	lost sa	w the	decease
		_ //	/				ccurred at 2:3					nd on th	he dot		
		ACTUAL 6	Igers M.	me			Li		M	S	rown,	storej		1. 5	ATE SIGNE
1		SIGNATURE	1	, , , , , ,	army a sering	M.	nenry	on	reary	Tand	-			4-2	-20
•		PHYSICIAN'S EC	gars M. Ma	cula	ns, M. D.		Henryt	on	State	Hosp	ita	1			
	220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEM	SETERY OR	REMATORY 2	1	22d LOCATI	ION (City,	lown, o	r county)		(Stot	e)
	23	FUNERAL DIRECTORS	SIGNATURE	1	ADDRESS		The last	22 (BY REGISTR	AR DA	RECHE	TRAR'S SIC	ZNATHD	F	
	40	want 5	F. Viana	2/1	1 / Penn	el il	DATE				•	1	-/	L	
	/	to the de to be a second	The state of the s		11/1/2017	1 1 (1)	111111	ALC: U	10 15	3 2	16 h Har	L + AL	LOW.		

moy be retoined. The hospitol or attending physicion.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the angest page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the with the registrar prior to burial, cremation, or removal, and in any event within 72 hours, affect death. death. Page 4 INDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR AT VS A15 (4) 15M 10/57

DECENTE

BUREAU Y. S.

VS A15 (4) 15M 10/57

· MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4439

CEPTIFICATE OF DEATH

04426

		Chiliti		L OI DEAI			Reg. Dist	No.		
1. PLACE OF DEATH COUNTY Carroll		MARYLAN	D	USUAL RESIDENCE (d lived. If institute b. COUNTY	_		city	
b CITY OR TOWN (If outside a RURAL and give nearest town		c. LENGTH OF STAY IN 1	- 11	c CITY OR TOWN (I	·	orate limits, write R	URAL and gr	ve neare	st fown)	
Sykesville d NAME OF HOSPITAL (If not	- hardtal -i	26yrs 25days			imore		, 3			7
OR INSTITUTION Springfield S				d. STREET ADDRESS	Univer	sity Park	way		ON A FARM?	?
3 NAME OF DECEASED (Type or print)	James	Middle F.	FL	NN Lost	4. DATE OF DEATH	April		20,	Year 19 58	3
Male Wh	ite wibow	100	Se	ATE OF BIRTH eptember 1			Months E		FUNDER 24 HI Hours Min	
100 USUAL OCCUPATION (Give during most of working life, e	kind of work done 10b. wen if retired)	KIND OF BUSINESS OR IN	IDUSTRY	Maryland	ite or foreign i	country)		S.A.	WHAT COUN	ITRY7
13. FATHER'S NAME			14	MOTHER'S MAIDEN	I NAME					
James E. Flyn	n			Anna C.	Brauer					
15. WAS DECEASEDEVER IN U. S (You no or united a) (If you give	ARMED FORCES? 16.	SOCIAL SECURITY NO	7. infoi St	mant ringfield	Hospit	tal Recor				
PART I, DEATH WAS I	CAUSED BY: ATE CAUSE (o) AC	ne for (o). (b). and (c).]	niti	.s				ONSET	VAL BETWEEN I AND DEATH BYS	H
Conditions, if ony, which gove rise to immediate cause (a), stating the under lying cause last.	DUETO	ancer of the	esop	hagus				Me	onths	
Schizophrenic	reaction,	other and un	Spec	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPS PERFORMED? YES NO [
	LYING TO 20b. DES E OF DEATH EXAMINER)	CRIBE HOW INJURY OCCU	RRED (E	nter nature of injury (n Port I or Por	t II of item 18.]				
20c. TIME OF INJURY Month Hour o. m. p. m.	Day, Year 20d. II P 20d. II While of wor	_ Not while	PLACE (factory,	OF INJURY (Home, fo street, office bldg., e	em, 20f (City	y or town]	(Co	ounty)	(Sto	ole)
21. I certify that I attended a live on April 2	hin del	Campo.	ath ac	Springfi	5PM, frai ADDRESS (S eld Sta	n the causes a treet, city or town, ate Hospi	ind an the	ast saw e date	stated about 121/58	ave
	tin delCem			Sykesvil						
220 BURIAL CREMATION, REMOVAL (Specify) BULL al	22/58	Druid Rid				TION (City, lown, o			(Stote)	
23. FUNERAL DIRECTOR'S SIGNAT	URE	ADDRESS		24a. RE	CAN HEGIS	TRARO 245 /REGIS	STRAR'S SIGN	NATURE,	,	
WAL J. TICKNER	& SONS, BA	LTC. 17, Md.	(BF			u	thea	u		



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ROEI AN BAANA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4441 CERTIFICATE OF DEATH

Reg. Dist. N() 4428

1. PLACE OF DEATH O. COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE MARYLAND b. COUNTY CHRROLL
b. CITY OR TOWN (If outside corporate fimils, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LINION BRIDGE YEARS	X UNION BRIDGE
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
WHYTE STREET	WHYTE STREET YES NO DE
3 NAME OF DECEASED (Type or print) HONARD (S	-RAY 4. DATE Month Day Year OF DEATH APRIL 14 1958
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Months Days Months Months
M WIDOWED DIVORCED	MARCH 31-1881 Tyrs Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ENGINEER ELECTRIC	MARYLAND USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB GRAY	LOUISE MEREDITH
15 WAS DECEASED EVER IN U. S ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	NFORMANT Address
NO 2/3-03-166/ E	ILAF GRAY UNION BRIDGE MU
18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Caro cunoma	- Test 1 Paucress 24 2mm
157× DUE TO	
Conditions, if any, which) (b)	
gave rise to immediate couse (a), stating the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3	YES NO
OR CONTRIBUTING C CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part 1 or Part II of item IB.)
	ACE OF INJURY (Home, form, 20f (City or town) (County) (State)
Hour o. m. 19 While Not while for work of work	clory, street, office bldg., etc.]
21. I certify that I attended the deceased from Sept	1956 to Apr 14 1958 that I last sow the deceased
112 13	6 01
4 Sa	M, from the couses and on the date stated above. ADDRESS (Street, city or lown, state) PARE SIGNED
SIGNATURE (alles), March	1/20/11/18/20 H/15/10
(T	M.D.
PHYSICIAN'S NAMES / MARSH	The
720 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (State)
FURTHER APRILIE-1958 METHODI	ST UNIONTOMIN MD
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 200 REGISTRAR'S SIGNATURE
NO Hartster Toons Union Bridge	That DATE APR 1 7 '58 Web eauch

Ineral director, feath. Page 4 may be retained to be hospital or attending physic an.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the angles 3 should be detached for use as the burial-transit permit. Then please remays each an papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 hars ofter death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR AT VS A15 (4) 15M 10/57

DECENAL EL

Z .V UAZRUA

1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04429
FOR STATE HEALTH DEPT.	Reg. Dist. No.
do de	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) C COUNTY (INDIPAL) 5 STATE MADDIA A 6 COUNTY (INDIPAL)
Poge Poge Poge Poge Poge Poge Poge Poge	CANOLE MARYLAND MARYLAND CANOLE
G	b CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) ond give neares town) PRIME TO PRIME RURAL and give nearest town)
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, given street address) gl. STREET ADDRESS P. IS RESIDENCE
5 5 5 6 0 0	ON A FARIA. YES NO P
Por	3. NAME OF DECEASED First Middle Lost 4 DATE Month Day Year
	(Type or print) SAMES WILBUR GARLETV DEATH APRIL 27 1938
To I I I I I I I I I I I I I I I I I I I	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years heal builders) Months Days Months Days Months Days Months Days Min.
2 w 2	11 COZ WIDOWED W DIVORCED WHY 28 - 1890 68 Yrs
ind and 72 h	10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
P. 2.	THEOREK DIDAY THEY TIME USIT
M3. M3.	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
e Pour	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
A SE	NO 11 yes, give mor or dates of service) 219-14-7815 GLADYS GREEN PHILADELPHIA PA.
E SE LE	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
e a congression of the congressi	PART I. DEATH WAS CAUSED BY: Antonio S FIRMO tie Cordis; is enist there goes
o single	LA A . I DUE TO
	Conditions, if ony, which) (b)
Parising Par	gove rise to immediate cause (o), stoling the underlying DUE TO
nine in o b	couse lost.
ing ing a sale of a sale o	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?
fica pend tool to trem	13
ord "Medical Line".	TOO. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.
hief who bo	7 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
N S S S S S S S S S S S S S S S S S S S	70c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. 19 while Not while of work
Pog pri	21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
ent,	opinion death/resulted fram: Natural causes . Accident . Suicide . Homicide . Undetermined manner .
A CTO	DATE SIGNED
EDIC For For OIR ofec	SIGNATURE MD CHIEF MEDICAL EXAMINER [
he che che che che che che che che che c	EXAMINER'S ASSISTANT MEDICAL EXAMINER C
de d	NAME (Type) AMES 1 1777 DEPUTY MEDICAL EXAMINER.
E SAN TE	220. BURIAL CREMATION, 72b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
5 , 4 5 ,	23 FUNERAL PIRECTOR'S SIGNATURE ADDRESS 1240 REC'D BY REGISTRAR'S SIGNATURE
VS. A15ME	1010 Hartilly Telaner Union Bridge MA DATE APR 30 '58 (200)
\$M 2/57	primary yours will friends in an out the

BUREAU V. &



4443 **CERTIFICATE OF DEATH**

Reg. Dist. No.

04430		Û	4	4	3	0
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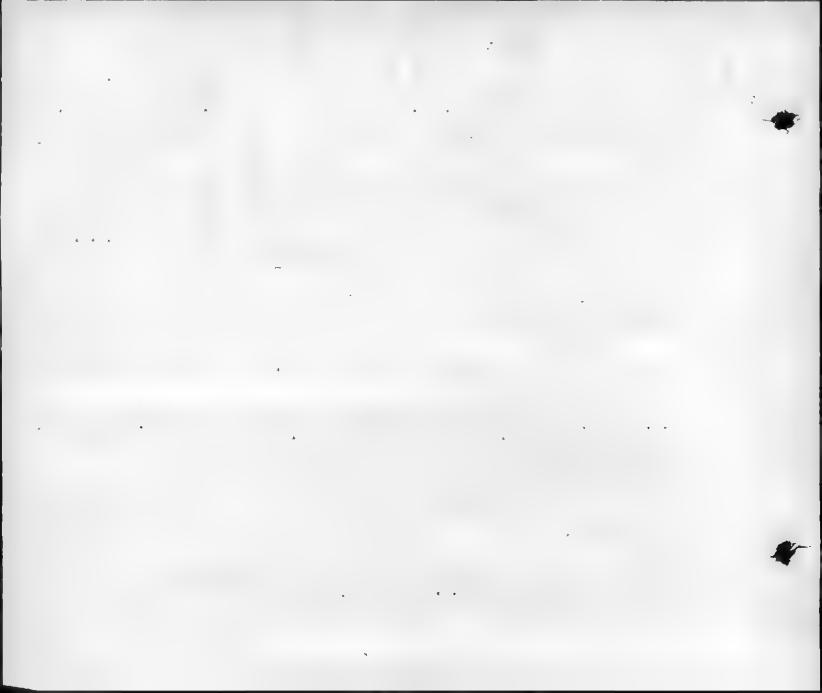
may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 3 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft

VS A15 (4) 15M 10/57

	o county Gar	roll		MARYLAN	4D	2. USUAL RESIDENCE (When STATE Maryla		b. COUNTY		o.City
	Sykesvil	grest tawn)	ts, write	c. LENGTH OF STAY IN 2yrs. 1mo.7d	- 1	c. CITY OR TOWN (If ou Address				- · · · · · · · · · · · · · · · · · · ·
	d. NAME OF HOSPITA OR INSTITUTION Springfi	eld State		oddress) Ospital		d STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO			
3	NAME OF DECEASED (Type or print)	Her	ry	Middle		HAGER -	4. DATE OF DEATH	Mon Apr		Doy Year 30, 19 58
	Male Male	White	WIDOW	-	3	July 10, 1881		76 yrs		YEAR IF UNDER 24 HRS Days Hours Min
L	Unknown	N (Give kind of work ng life, even if retired	done 10b	KIND OF BUSINESS OR IN	NDUST	RY 11. BIRTHPLACE (Slove of Maryland	r foreign cou	untry)		U.S.A.
13	George Hag	er				14. MOTHER'S MAIDEN NA Barbara =	ME			
15		IN U. S ARMED FOR		SOCIAL SECURITY NO.		pringfield Ho	spita	1 Record		
	PART I, DEAT	TH [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (c	Ar	ine for (o). (b). and (c).] teriosclerat	ic	heart disease				INTERVAL BETWEEN ONSET AND DEATH YEARS
	Conditions, if an		Ge	eneralized ar	ter	iosclerosis.				Years
	gove rise to im couse (o), stating the lying couse last.	he under-)							
CERTIFICATION	C.B.S.ess Ischio-re	ER SIGNIFICANT CON OC. WITH CO CTAL BOSCE	TIONS PEDI	contributing to DEATH al arteriosc Osteomyeliti	ler s,	osis with psyright leg.	choti	C Teact	EN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING CAUSE OF DEATH	206 DES	SCRIBE HOW INJURY OCCU	IRRED.	(Enter noture of injury in Pa	ert I or Part	II of item 18)		
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	While at wo	Nat white	Focto	E OF INJURY (Home, form, ory, street, affice bldg., etc.)	20f. [City	or town)	(Co	ounty) (State)
	alive on Apri	at sattended the	decea: , 19	n R	oth o	accurred at 1:30A			ind on the	e date stated above
	ACTUAL SIGNATURE	rusun	CC	Cl Camp	2.0 _M				al	4/30/58
	NAME (Type) // E			00, M.D. /		Sykesville,	<u> </u>			
	REMOVAL (Specify)	5/1/2	3	ZZC. NAME OF CEMETER	V-OR	us Board	Ja	ON (City, town,	, Wa	(State)
	Frank	A. His	elf,	Mikler	LE,	DATE MAN	BY REGISTR		L.C.A.	NATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4444 CERTIFICATE OF DEATH

04431

	X X	2.2			R	eg. Dist. No.	
1. PLACE OF DEATH	1		2. USUAL RESIG	DENCE (Where decease		Residence before odmi	ssion)
CA	RROLL	MARYLA	ND MA	RYLANI	> b COUNTY	ARROL	4
	N (If autside corporate limits, wri	e c. LENGTH OF STAY IN	1 b c CITY OR 1	OWN (If outside corpo	rote limits, write RURA	L and give nearest to	vn)
RURAL	WESTMINSTE	50	XRUG	AL, WZ	ESTMIN	STED	
d. NAME OF HO	SPITAL (If not in hospital, give str	eet address)	d. STREET A	DDRESS /		e IS RI	SIDENCE A FARM?
(101	PSUCH ROL	4D	Gb.	DSUCH	ROAD		NO [4]-
3. NAME OF DECEASED	First	Middle	Los	4. DATE	Month	Day	Yeor
(Type or print)	LESTE	R M.	HEFLI	DEATH	HPRIL	19	1958
S. SEX	6. COLOR OR RACE 7. M	ARRIED ARRIED	B. DATE OF BIRTS	1		UNDER TYEAR IF UNI	DER 24 HRS.
m.		OWED DIVORCED	- 111117 -7	11891	66 yrs.	Obys Hour	min,
10o. USUAL OCCUPA	ATION (Give kind of work done) working life, even if retired)	06. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPL	ACE (State or foreign c	ountry)	12. CITIZEN OF WHA	T COUNTRY?
Mt. CABIA	VET WORKER	CABINET	SHOP UI	DUNIA		U.S.	7
13. FATHER'S NAME	2	Ť	14. MOTHER'S	MAIDEN NAME			
	ر						
15. WAS DECEASED [Yes, no. or unknown]	EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	1/200 -	Address	40RSUCT.	4 RD,
WOR	LINNAR I	212-07-397	7 MPS HI	LU4 12. H	EFLIN J	VE TIMIL	STERM
	DEATH [Enter only one couse pe	er line for (o), (b), and (c).]	0	AO A	V	INTERVAL I	D DEATH L
	DEATH WAS CAUSED BY.	ortoma	my	CXUS	con	1/2	Whit
440.1	DUE TO	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	190-	"		1,70	
	if any, which	nerro	coule	rosi	<u></u>	<u> </u>	14
codse (o), stati	ing the under- DUE TO						3
lying couse lo	12)						
PART II. 200. ACCIDENT OR CONTRIBUTI U (IF EITHER, NOT	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TERMINAL DISEAS	E CONDITION GIVEN	PERF	ORMED?
D ACCIDENT	WAS CINIDERLYING TO 120h I	DESCRIBE HOW INJURY OCC	CURRED /Feter and on	f laive, in Post I on Pos	t II of item 18 \	YES [NO
OR CONTRIBUTE	WAS UNDERLYING [] 20b. I ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	.UKKED. (Enter nature o	ranjury an root for rus	i ii or iiem ib.j		
1		d. INJURY OCCURRED 20	De. PLACE OF INJURY I	Home form ! 205 ICity	or town)	(County)	(Stote)
Hour o.	m. VI	nile Not while	factory, street, office		or lowing	(County)	(21018)
	m, u				10.17		
1 1 7	that I attended the dece		12-1-4 19-27		1958, H		
alive an	1 - 1	2 , and that d	eath accurred at		n the causes and		
ACTUAL G	MODARIN	VIDIMA	17	ADDRESS (S	treet, city or town, stat	" 4	ATE SIGNED
SIGNATURE	Mingrow.	X ANNO	M.D	115000			11/1
PHYSICIAN'S NAME (Type)	ERFFA	EWIK	ENS	()	venta	RILLIA	Ser The
220 BURIAL, CREMA	ATION, 22b. DATE THEREOF	/ 22c NAME OF CEMET	ERY OR-COMMENT	224 1004	TION (City, town, or ci	ouetul (C)	
REMOVAL (Spe		CO BALTO	A / D T / MA	1 R	Q/T/N/A	D.Z M	ole)
23 EUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS '	/V/TI/ISIV	24a. REC'D BY REGIST	IRAR 24h REGISTRA	AR'S SIGNATURE	
12.11	I kennen The	3615-17-19 6	berhan 6		58 818	- 5 /	

TE HOSTITULOR ATTENDING PHYSIC. N: The low requires that the Leath certificate be executed within 24 hours after death. Page may be retained, the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by Muneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours offer death. VS A15 (4) 15M 9/5\$

H



BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4445

Reg. Dist. No.

	1. PLACE OF DEATH COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (WIS	nere deceased lived If institution Build b. COUNTY	n. Residence before admission) Balto_City	,
	b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write RU		Y
	RURAL and give nearest lawn) Sykesville	Lyrs.5mos.8da	1	· ·	A Service nearest town	
	d NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	address)	d. STREET ADDRESS		e. IS RESIDENCE	_
	Springfield State Hospit	tal	3403	Toone St.	ON A FARM? YES NO TO	1
	3 NAME OF First	Middle	last	4. DATE Month	h Day Year	=
	(Type or print) Frances	Agnes I	HESS	OF DEATH April	25. 19 58	
	5. SEX 6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS	-
	Female White WIDOW		September :	13, 1888 69yra	Months Days Hours Min.	
	100 USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	ar fareign country)	12. CITIZEN OF WHAT COUNTE	RY'
	None	-	Maryland		U.S.A.	
	13. FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME		_
	John Hess		Mary Ann	Fisher		
	15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	NFORMANT	Addre	P\$\$	
	(Yes. no. or unknown) (If yes, give wer or dates of service)					
ı	18. CAUSE OF DEATH [Enter only one cause per life	ne far (a), (b), and (c).			INTERVAL BETWEEN	=
	PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) PT	neumonia, acut	e interstial		Days	
	THE CAUSE (B)	JOHN GOOD	Di Tilon Dotan		20,15	-
٧	Conditions, if ony, which)	ephritis, suppr	urative, acut	e	Days	
	gave rise to immediate					-
H	lying cause last.					
H	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVE	EN IN PART I(a) 19. WAS AUTOPSY	_
1	Schizophrenic reaction,	catatonic type	8		YES A NO	
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.)		_
	OR CONTRIBUTING LI CAUSE OF DEATH					
1	3 20c. TIME OF INJURY Month, Doy, Year 20d In		ACE OF INJURY (Home, form		(Caunty) (State	2)
	20c. TIME OF INJURY Month, Day, Year 20d IN Haur a. m. 19 of warl	Not while	tory, street, office bldg., etc.	1		
	21. I certify that I ottended the decease		10 5h - An	rd 25 10 58		_
	alive on April 25, 19	and that death	70.30	P	,that I last saw the deceas nd on the dote stated above	ec
	dive on 1922 - 29	, and that death		ADDRESS (Street, city or town, st		ve
	ACTUAL ZOLLAND A SUL	Man		eld State Hosp:		A
	SIGNATURE	100 0 0	W.D. Phi miki	era veave nosp.	1047 4/20/	
	PHYSICIAN'S Edmund Lusthaus	, M.D.	Sykesvil	le, Maryland		
ľ	220. BURIAL, CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or	r county) (State)	u
	RURIAL 4-29-58	SACRENHE	PAPTORM	7401 GERMAN	WHILL RO MA	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 1 1 240. REC'I	D BY REGISTRAR 24b REGIST	TRAR'S SIGNATURE	
	Charles 53 21 Ush	- 901 Sil	CON RULEY WATE	0 /	- 1	
Ŀ			A STATE	12 8 53 1 DE	- vekissek	-

may be retained. The hospital ar ottending physician.

TO FUNERAL DIRECTOR. After this certificate #as #men signed by the ottending physician and campletely filled in by the ottencior, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in mny eventratibles four often death. death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VS A15 (4) 15M 10/57



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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

Yeor

1058

(Slate)

DATE SIGNED

(Stote)



BUREAU V. &

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

-0	4	4	3	4	

		4	447	CERTIFIC	AT	E OF DEAT	Н		Reg. Dis		7707
)	1. PLACE OF DEATH • COUNTY	Carroll		MARYLAND	2	USUAL RESIDENCE (W. o. STATE Maryl:		ed lived. If institution b COUN'			mission)
/	Sykesv.	ille (Rural)	9	tength of stay in 16	1 1		outside corp inster		RURAL and g		
•	OR INSTITUTIO	SP TAL (If not in hospitol, SN) Pield State	-	•		d STREET ADDRESS				0:	RESIDENCE N A FARM?
	3 NAME OF DECEASED (Type or print)		n rgaret	Maude		Horton	4. DATE OF DEATH		oril	15,	Yeor 19 58
	5 SEX Female	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		ate of Birth	90	9 AGE (In year last birthday 67 y	Months	Days Hou	NDER 24 HRS
	House	ATION (Give kind of work working life, even if retired	done 10b. KIN	ID OF BUSINESS OR INDI		Mary.	land	country)	12 CIT	U.S.A	AT COUNTRY?
	13 FATHER'S NAME	Charlie W					NAME ary Ja				
	15. WAS DECEASED (Yet, no or unknown)	EVER IN U. S. ARMED FO. Iff yes, give war or dates of	service)	ione		ringfield F	lospit		ddress		
	PART 1. 14 4-5 X		o Cere	bral vascula			3.2	-	·	day	
	gave rise to cause (a), stati lying cause to	immediate DUE To	c)	rtensive car						yea	
	Cere	DNIC Brain S Dral arter1 WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	OSCLERO	HTRIBUT NG TO DEATH BUE ASSOCIATED SIS WITH DEBE HOW INJURY OCCURR	3 yc	iotic react	lion.		ice, wi	th PE YES	RFORMED?
	20c. TIME OF IN Hour a. p.	JURY Month, Doy, Yo	ear 20d INJU While	RY OCCURRED 20e F	LACE actory	OF INJURY (Hame, for street, affice bldg , et	m, 20f (Cil	y or lown)	(0	ounty)	(Stale)
	21. I certify alive an			from July 1			A.M. fra		and an th		
1	ACTUAL SIGNATURE PHYSICIAN'S	Riter 8	Ro	lm	_M D.	Springf				ton data djun alem som djun data djun syg	14/15/58
	NAME (Type)_	Rita S. Gla			-	Syke svi					
	220 BURIAL, CREMA REMOVAL ISPA BURIAL	TION, 226. DATE THERE (197) 4-17-19	- -	Ebenezer	OR CR	EMATORY	Cari	roll Co	n, ar county)		Stote)
	23 FUNERAL DIRECT	Waltz,	Winf	ield, Md.			TO BY REGIS		GISTRAR'S SIC	SNATURE	

EURFAU V. S.

VDB. 14 अंदर



24a REC'D BY REGISTRAR

24b, REGISTRAR'S SIGNATURE

2 VS A15ME 5M 2/57

FONERAL DIRECTOR'S SIGNATURE

BUREAU V. E.

DECEINER

TO HOSPITAL OR APJENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

death, Page 4

4448

CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Per Dia 04436

1			- OBIGINITY						Reg. Dist	WPi 7		
1. PLACE OF DEATH				2.	USUAL RESIDE	ENCE (Whe	era dacease	d lived. If institutio	nı Residence	before odm	ission)	
6. COUNTY			MARYLAND	e. STATE Harvland b. COUNTY Baltimore								
b. CITY OR TOWN (If outside		ts, write	c. LENGTH OF STAY IN 15	-				rote limits, write RL	IRAL and gi	AL and give nearest town)		
RURAL and give nearest to			27 Jays		7-	dof	catowr		-	,		
d NAME OF HOSPITAL (IF to		ive threet			d. STREET AD		. SUOWI	4	p r vol.	e. IS RESIDENCE		
OR INSTITUTION			·				0 5	375	,	ON	A FARM?	
Saringi			Nospitel	Щ.,		ولاوات	2 Box	(11)		152	□ № 🖫	
3. NAME OF DECEASED	Fir	si	Middle		lost		4. DATE OF	Mont		Day	Year	
(Type or print)	T]	mer	Penson		ITH	?	DEATH	Apr		8,	19 ⁵⁸	
5. SEX 6. CO	LOR OR RACE	7. MARE	NEVER MARRIED	8. D.	ATE OF BIRTH			9. AGE (In years last birthday)		YEAR IF UN	7	
Male	'hite	WIDOW	ED DIVORCED		3-1-72			85 yn.	MONTHS	Days Hour	Min,	
100 USUAL OCCUPATION (GIVE	kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY	11. BIRTHPLA	CE (State o	or foreign c	ountry)	12. CITIZ	EN OF WHA	T COUNTR	
during most of working life,					Mo	rtla	nd			U.S.A.		
13. FATHER'S NAME	1.61			11	4 MOTHER'S							
72.7	. Ken				Ly	onia I	26-1t.					
15. WAS DECEASED EVER IN U.	4	CES2 14	SOCIAL SECURITY NO. 117	INIEOU	RMANT			Addre				
(Yes, no or unknown) (II yes, go	e wor or dates of s	ervicel 2	14:-24-5288			1073	'tata	Hospital		- 30		
1,0			CHATCHAIL		1111 211	FHTT :	36866	HOS DI. SI	TO-CO	. up		
1B. CAUSE OF DEATH [Er		use per li	_							INTERVAL ONSET AN	D DEATH	
	S CAUSED BY: SIATE CAUSE (o)	Coronary i	Ins	ufficie	ency				Day	ys	
4000	DUE TO											
Conditions, if ony, whi	ich) (b	1	Arterios]	Ler	otic he	eart o	disea:	ne ne		Ye:	ars	
gave rise to immedia	ole (DUE TO											
lying couse lost.	(c		Generaliza	d	arte id	ourle:	rosis			YE.	TES	
Z PART II. OTHER SIG			ONTRIBUTING TO DEATH BU	T NO	RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GIVE	N IN PART	1(a) 19, WAS	AUTOPSY	
CR3 - c		-	h senile brain							PERF	ORMED?	
= 200 ACCIDENT WAS LIND			CRIBE HOW INJURY OCCURR							153.5] NO [2]	
PART II. OTHER SIGN C.D.B. C.S. 200 ACCIDENT WAS UNDO OR CONTRIBUTING OCA (IF EITHER, NOTIFY MEDICA	ISE OF DEATH	200. DE3	CAIDE FIGURE ACCORD	re lr	iner travere of	anjury ar r	011 1 01 1 01	THE OF THE IT				
20c. TIME OF INJURY Mon	th, Doy, Yes			LACE	OF INJURY IH	ome, form,	20f. (City	or town)	{Co	ounty)	(Stote)	
Hour e.m.	19	While of wor	1401 WHIE	acioi y	, sireer, enice	ping , etc.,	1					
		danaa	ed fram Larch 1	7	10.58	h- A	ord?	9. 10 FR	Ab a A I I I	at any th		
alive on April		, 19	28, and that deat	h ac	curred at.			n the causes of treet, city or town, t			ted obov	
ACTUAL POLICE	1	10	l_ Crimpse	5-							I IM ISO	
SIGNATURE 1 914	ur	are.	C. corregae	M.D.		igur il i	griel	d State I	<u>08 21 t</u>	<u>u 1</u>	4757.53	
PHTSICIAN'S Agus	stin de	l Can	ipo, M.D.		1	Sykes	ville	, Marylan	3			
220. BURIAL, CREMATION, 226	. DATE THEREC	F	22c. NAME OF CEMETERY C	OR CR	EMATORY		22d LOCA	TION (City, town, o	r county)	(\$)	ote)	
Burial A	or 11	1958	S+ Ma		A		-	timore		Md		
23. FUNERAL DIRECTOR'S SIGN			St Marya Ce	me	tery	240. REC'D	BY REGIST		TRAR'S SIGN			
a // · n .	ryma	20	Reistersto	WI	Md			0	1	- 1		
CAMPO 0.100	2711-1100	. ,				DATE			0 6 0			

BULLAU V. S.

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DATE EPR 2 9 '58

VS A15 [4]

15M 9/55

DECEIVES

A .V UAZIUE

PLACE OF DEATH o. COUNTY

b. CITY OR TOWN (IF

Car

MARYL	AND	STATE DEPARTA	MENT OF	HEALTH	I-BAL	TIMORE, 1	8				
4	450	CERTIFIC	ATE OF	DEATH	1		Reg. D	ist. No.	04	1438	
roll		MARYLAND	2 USUAL O. STATE	RESIDENCE (WIN	_	d lived. If institution b. COUNTY		nce befor		ion)	
outside carparate limit	c. CITY	OR TOWN (If o	utside corpo	orale limils, write Ri				1)			
ld		Syrs.llmos.ld	laty X S	y \ Sykesville							
. (If not in haspital, g	ve street	oddress)	d. STRE	ET ADDRESS					e. IS RES	IDENCE FARM?	
1d State I	lospi	tal						NOTE			
Fin	LP	Middle		Lost	4. DATE	Mont	h	Do	,	Year	
Marga	aret	Wittman	KOHLS		DEATH	April		24,	1	1958	
9.3% 4 1	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF	11, 186	57	9. AGE (In years lost birthday) yrs	IF UNDE Months	R I YEAR Doys	Hours	R 24 HRS Min	
(Give kind of work of	lone 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIR	THPLACE (Slote	or fareign c	ountry)	12. C	TIZEN O	F WHAT	COUNTRY?	
g me, even a venieoj		Stopple		ermany		U.S.A.					
			14 MOTH	IER'S MAIDEN N	IAME						
an			Cat	therine	Hauer	stein					
N. U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Addr	P55				
yes, give war or unless or se	iveres,	none	Springi	field Ho	ospita	al Records	l				
[Enter only one con	use per lin	ne for (0), (b), and (c).]							RVAL BE		
WAS CAUSED BY: Descent all annual and annual									NSET AND DEATH		

RUPAL and give near Springfie d. NAME OF HOSPITA OR INSTITUTION Springfie NAME OF DECEASED (Type or print) 5 SEX Female 10o. USUAL OCCUPATION HOUSEWITE 13. FATHER'S NAME John Wittm 15. WAS DECEASED EVER No IR. CAUSE OF DEATI PART I. DEATH IMMEDIATE CAUSE (o)___ <u>Pormolefolff</u>inio) & {2}310 (0:00#21 COCIET Hypertensive arteriosclerotic heart disease Years Canditians, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoling the under-Generalized arteriosclerosis Tears lying couse last. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 10. THE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 10. THE CONDITION OF T disease without qualifying phrase. YES NO 19 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or town) (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while at work Ol work p. m. 21. I certify that I ottended the deceased from March April 24, 1958 ...that I lost saw the deceased and that death occurred at 11:15AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE Springfield State Hospital PHYSICIAN'S NAME (Type) Agustin delCampo, M.D. Sykesville, Maryland 226. DATE THEREOF 220 BURIAL CREMATION. 22d LOCATION (City Jown, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE APRICA BY REGISTRAR 724b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

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THEY A'S

4451 CERTIFICATE OF DEATH

04439

			XU4	. CE	KHIL	All	OF DEAT	П		Reg. D	ist. No	la .		
	1. PLACE OF DEATH					2	USUAL RESIDENCE (W	here decease		on: Reside	nce befo	re odmis	sion)	
	a COUNTY Ca	rroll			MARYLAND		o. STATE Marv.	land	b. COUNTY	Bal	to_C	i tay		
	b CITY OR TOWN	f outside corporate lim	ls, write	c. LENGTH O	F STAY IN 16		CITY OR TOWN (IF		prote limits, write R		- 4 -		n)	
	RURAL ond give in Sykesvi:			3yrs.7	mos.12	day:	Balti	imore	D.	V.				
	A NAME OF HOSPIT	At dif not in hounital a	ive street	oddenu)		-	d STREET ADDRESS					e. IS RES	DENCE	
	Springf	ield State	Hosp	ital			27 N	Care	y St.				L FARM?] NO []K	
	3. NAME OF	Fin			Middle		lost	4. DATE	Man	th	Do	Dy .	Yeor	
	(Type or print)	Ar	thon	У		KU	DLAUSKA	OF DEATH	Apri	1	9.		19 58	
	5. SEX	6. COLOR OR RACE	7. MARE	IED NEVER	MARRIED 🗍	8 D/	ATE OF BIRTH		9. AGE (In years				ER 24 HRS	
	Male	White	WIDOWI	ED 🔼 DI	VORCED [I	Unknown		(55 grs.	Months	Days	Havrs	Min.	
N. C.	100 USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUST	NESS OR IND	USTRY	11. BIRTHPLACE (Stole	e or fareign c	ountry)	12. C	ITIŽEN C	TAHW 3C	COUNTRY	
	Unknown	ung lite, even it retired	' ·	Unknown			Lithua	ania			Lit	huan	ia v	
/	13. FATHER'S NAME					14	, MOTHER'S MAIDEN	NAME				A-1		
	Unknown						Unknown							
	15. WAS DECEASED EVE					INFO	RMANY		Addi	ress				
	No No	(if yes, give wor or dotes of t	ernice	"Usus		Spi	ringfield I	Hospit	al Record	s				
	18. CAUSE OF DEA	TH [Enter only one co	use per li	ne far (o), (b), c	ond (c)-)			-			INT	ERVAL BE	TWEEN	
		TH WAS CAUSED BY:	, В	ronchop	neumon	ia					Days			
	4.11X	DEFE	ć	•			· · · · · · · · · · · · · · · · · · ·							
J.	Conditions, if ony, which) Arteriosclerotic heart disease											Years		
	gove rise to immediate DUE TO													
	lying course tost. Generalized arteriosclerosis											Year	5	
	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING	TO DEATH BU	JT NOT	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	ENNPA	N PART 1(6) 19. WAS AUTOPSY PERFORMED?			
â	brain di	sease with	psyc	hotic r	eactio	n.	WOM OI MUO.	TOTOH	W.L.OH SEL	1770		YES [NO 🗹	
	Pantil. Off C.B.S. 25 brain di 200 ACCIDENT WA OR CONTRIBUTING (If EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH	206 DES	CRIBE HOW IN	JURY OCCURR	RED (E	nter nature of injury in	Part For Por	rt II of item 16)					
		MEDICAL EXAMINER)												
	20c TIME OF INJUR	Y Month, Doy, Ye		NJURY OCCUR			OF INJURY (Home, for street, office bldg., at		y or town)		(County)		(State)	
	p. m.	19	While at wor	k at work		,.								
	21. I certify th	at I attended the	deceas	ed fromN	arch 7		. 1955 . to Al	oril 9	19.58	.that I	last s	aw the	decease	
	alive on Apr		125				curred at 11:0							
	1		1.0	2					ilreel, city or town,			D	ATE SIGNI	
P	ACTUAL SIGNATURE	rushin a	le	- Can	po	_ M D	Springfi	eld St	ate Hospi	tal		4/	9/58	
il.	PHYSICIAN'S													
	NAME (Type)	Agustin	lelCa	mpo, M.	D.		Sykesvil	le, Ma	ryland			er untr mit vick spin aus der		
	220 BURIAL, CREMATIC	N, 22b. DATE THEREC)F -13	ZZE. NAME C	F CEMETERY	OR CR	EMATORY .	22d LOCA	TION (City) lown	or county)	/	(\$10)	ie)	
	Buria!	H-12.	58	Street	speily	4	FILLE	6.16.1	Musical	EC,	7/4	11.		
	23 FUNERAL DIRECTOR	S SIGNATURE	in to	ABORESS	P. Kin	11.	" Cort II II	D BY REGIS	1 ()	STRAR'S S	IGNATU	RE)		
	Buttelle S	M. 97201	11.4	(-17.2	THURST	126	1/2 DATE A	PR 1 6 '	58 1 000	f n	1			

may be retained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld ble filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours offer death. death. Page 4 TO HOSPITAL OR APPENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

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VS A15 (4) 15M 9/55

DE ALEMAN

8361 . 1 867

BUREAU V. S.

Reg. Dist. No.

deoth. Page 4

may be retained. The haspital or attending physician.

TO FUNERAL DERGE DR: After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 9/55

TO HOSPITAL OR AT

1,	COUNTY Carroll		MARYLA	- 11	o STATE Mary.				Count			
	b. CITY OR TOWN (If outside corp RURAL and give nearest town) 5ykesville.	orote limits, write	6. LENGTH OF STAY IN		c City OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge							
	d NAME OF HOSP TAL (If not in I OR INSTITUTION Springfield S	tate Hosp	oddress)		Box 226 E		27.		ON	A FARM?		
3.	NAME OF DECEASED (Type or print)	Dirk	Middle		Lottman	4. DATE OF DEATH	Mon 4-	***	13-	19 58		
5	Male 6. COLOR C	OR RACE 7. MARR	RIED NEVER MARRIED ED TO DIVORCED [2-4-1856		9. AGE (In years lost birthday) 102 yrs.		YEAR IF UNI	-		
F	lo. USUAL OCCUPATION (Give kind during most of working life, even armet.) ETHER FATHER'S NAME	of working life, even if retired) Germany U							A	T COUNTRY		
X.		ottman			Unkn							
- 0	(e), no or unknown) (if yes, give war	MED FORCES? 16. or dates of service)	SOCIAL SECURITY NO.	17 INI	ORMANT Hospital	record	Add	ress				
	1B. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAL IMMEDIATE	JSED BY:	renchopneum	onia					ONSET AN	BETWEEN D DEATH		
	Conditions, if ony, which gave rise to immediate	(b)	rterioscler	otic	heart dis	ease.			years			
2	lying cause last.	(c)G	eneralized				E CONDITION ON	CHI IN PART	years			
NOITECATION	C.B.S. associat							ion.	PERF YES [ORMED?		
		NG 20b. DES OF DEATH AMINER}	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury	in Parl I ar Par	et II af item 16 j					
MEDICAL	20c TIME OF INJURY Month, Hour a.m p.m.	Day, Year 20d II 19 While at wor	Nat while		E OF INJURY (Home, for try, street, office bldg ,		y or town)	(Ca	ounty)	(Stole)		
	21. I certify that I attendative on 11= 13=			eath (occurred of 2.1	ADDRESS (S	m the causes of the courses of the course of	ond an the		e decease ted abov		
	PHYSICIAN'S Agustin	del Campo	M.D.	Jon Jon	5 Apringf	ield St	ate Hosp	ital.		L-13-5		
2	REMOVAL (Specify)	TE THEREOF	200 NAME OF CEMETE		CREMATORY Show	22d 10CA	TION (City town,	or county)	del	ate)		
23). FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			APR 1 8	758 245 REGI	STRAR'S SICH	NATURE LC Á			

BILEAU V. S.

DEALE

F K

TO DEPUTY MEDICAL EXAMINER: This certificate should in executed within 28 hours after death. If any datay is narra execute the cert. To, writing the word "pending" in penal in stem 18. Give Pages 1, 2, and 3 ta the funeral of 4 should be for 3, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transis permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ay removel, and in any event within 72 hours after death.

ES AISME

5M 2/57

100

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04441

-4400 ·			Keg. L	HST. NO.								
PLACE OF DEATH		2 USUAL RESIDENCE (Wh	ere deceased lived. If institution Resid	ence befare admission)								
Carroll	MARYLAND	o. STATE Maryla	nd b COUNTY Gi	ty								
b. CITY OR TOWN (1 outs de corporate limits, write RURAL and give negrest town)	c LENGTH OF STAY IN 16		utside corporate limits, write RURAL on	d give nearest lawn)								
Sykesville	1 y 3 m 24d	Baltimor	e, 16, Md.	×								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp	tal, give street address)	d. STREET ADDRESS	*	IS RES DEN E								
Springfield State Hospita	1	6000 Hamil		YES NO								
3. NAME OF First DECEASED	Middle	Last 4	. DATE Month	Doy Year								
(Type or print) Frederick	Peter	Metzger	DEATH	5 1958								
5. SEX 6 COLOR OR RACE 7. MARRIES	NEVER MARRIED 1	DATE OF BIRTH	9 AGE (In years IFUNDER	Days Hours Min								
M M MIDOWED	Carl Sand	10-23-59 9	2 65 yn.	Days Hoose Mills								
10a USUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if retired)	ND OF BUSINESS OR INDUSTI B & O RR			IZEN OF WHAT COUNTRY								
Mechanic		Maryland		I.S.A.								
13. FATHER'S NAME Barthalmeu	Metzger	14. MOTHER'S MAIDEN NA	Mary W. Gray									
Union 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 S.		PORMANT	Address									
[Yes, no, ar unknown] [If yes, give war or dates of service]												
YES World War 1	7 7 7	.S. Hospital R	scoras	TINTERVAL BETWEEN								
18. CAUSE OF DEATH [Enter only one cause per line for PART I, DEATH WAS CAUSED BY:				ONSEF AND DEATH								
immediate cause (o) Arto	riosclerotic c	ardiovascular	disease	years								
Conditions, if ony, which) (b) Gebe	eralized Arter	iosclerosia		vears								
gave rise to immediate cause [a), stating the underlying DUE TO												
couse tost. (c)												
Chr. brain syndr. assoc. with psych. reaction	Chr. brain syndr-assoc. with circulatory disturb with cerebral arterioscl Performed?											
		·		YES NO								
1 5 IPRIMARY I For CONTRIBUTING DE 1.	HOW INJURY OCCURRED (E											
	ntly was knock		-									
20c. TIME OF INJURY Month, D23 Year 8 20d If Hour a.m., pm.	Not while facto	ry, street, office bidg , etc.)	(Co	unty) (State)								
		spital ward	Sykesville, Car	roll, Md.								
21. I certify that I took charge of the re	emains described abay	ve, held an Autopsy)	, Inspection , Inqui	ry . and in my								
apinian death resulted from. Natural co	auses [], Adcident [], Suicide [], He	omicide , Undetermined	monner								
ACTUAL STERRED TO MA	oor L			DATE SIGNED								
SIGNATURE SCECCES &		_M.D. CHIEF MEDICAL EXA		***************************************								
EXAMINER'S W TO 35		ASSISTANT MEDICAL		1								
NAME (Type) James T. Marsh		DEPUTY MEDICAL EX		4-5-58								
REMOVAL (Specials).	77c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or county)	(Slote)								
Burial 4-9-58	US National		Baltimere									
123 FUNERAL DIRECTOR'S S GNATURE Heward H. Hubbard, 4107	Wilkens Ave	240. REC'D	BY REGISTRAR'S SI	GNATURE								
		DATEMEN		7								



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4454 CERTIFICATE OF DEATH

04442

リオセンA Reg. Dist. No.

B. CLITY OR TOWN If outside corporate limit, write RURAL and give negrest lown Henryton 6 days 8 alisburry 4 STREET ADDRESS ON ALE PROSPITAL IP foot in hospital, give inset address) ON INSTITUTION 100 HOSPITAL IP foot in hospital, give inset address) ON ALABE OF DECEASED (Type or print) SET OF AMERICO INSTITUTION SET OF AMERICO INSTITUTION NICH Institution In	1.	Carrol	1		MARY	AND	2. USUAL RESIDENCE (WH		d lived. If instituti b. COUNTY	on: Resident	te before adm	ission)		
Henryton A NAME OF HOSEITAL (IF not in bospital) A STREET ADDRESS	-	b. CITY OR TOWN (#	outside carporate limi	its, write	c. LENGTH OF STAY I	N 1b						wn)		
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S SEX	3.	DECEASED	- i					OF			Doy	-40		
Nale Negro DIVORCED DIVORCED Igst birthdoy) Manhts Doys Hours Min								DEATH			430			
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Cardiovascular insufficiency INTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which gove rise to immediate couse (c), stating the under lying couse lost (b) Far advanced pulmonary Toc. With cavitation 19. MAS AUTOPSY PERFORMED? VES. NO PERFORMED? VES. NO PERFORMED? VES. NO PERFORMED? VES. NO VES.	L	Male	Negro	WIDOWI	ED DIVORCED				69 3yrs	A CONTRACT	Doys Hour	S Milh		
IS WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address	10	during most of worki	N (Give kind af warking life, even if retired	dane 10b.	KIND OF BUSINESS OF	RINDU	TRY 11. BIRTHPLACE (State	or foreign o	country)	12. CIT	IZEN OF WH	AT COUNTRY?		
If yes, give may or dides of service) If yes, give may or dides of service) Interval Between Onset and Death	13	. FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME						
If yes, give war or dides of service) If yes, give war or dides of service) Institution Inst	ı													
If yes, give war or dides of service) If yes, give war or dides of service) Institution Inst	15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 116	SOCIAL SECURITY NO	137 B	TAAMAGG			1011				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate couse (c), stating the under- lying couse lost Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II OTHER SIGNIFICANT CONDITIONS PREFORMED 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COLUMN AS UNDERLYING PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CON	ľ	fes, no or unknown) (1	f yes, give war or dates of s	suce)					nou					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Cardiovascular insufficiency DUE TO Conditions, if any, which gave rise to immediate cause (c), stating the under lying couse lost Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH II ETHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED While Not while at work and that deoth occurred of 10.30PM, from the causes and an the date stated above ADDRESS (Street, city or town, state)	F			1										
DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR COUNTRED (Enter nature of injury in Part I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING OR COUNTRED (Enter nature of injury in Part I or Part II of item 18.) 200 TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foclary, slreet, office bldg, etc.) 201 I certify that I attended the deceased fram APT 11 17 19 58, to APT 11 23 19 58, that I lost saw the deceased alive on APT 11 23 19 58, and that deoth occurred of 10 30PM, from the causes ond an the dote stated abave ADDRESS (Street, city or lawn, state) ADDRESS (Street, city or lawn, state) DATE SIGNED	L	1		,							ONSET AN	BETWEEN ID DEATH		
Conditions, if any, which gave rise to immediate cause (a), stating the underly lying cause lost Due to (c)	ı) CE	ardiovascu	ula	r insuffici	ency						
gave rise to immediate couse (o), stating the under lying couse lost Part Other Significant Conditions Contributing to Death But not related to the Terminal Disease Condition Given in Part 1(a) 19 Was autopsy Performed?	L		DUE TO				_							
Couse (a), stating the under lying couse lost Part Other Significant Conditions Contributing to Death But not related to the terminal disease Condition Given in Part 1(a) 19 Was autopsy Performed?	П			Fai	r advanced	pul	monary Tbc. W.	ith c	avitation					
Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO	П)										
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work at work at work at work 21. I certify that I attended the deceased from April 17, 1958, to April 23, 1958, that I lost saw the deceased alive on April 23, 1958, and that deoth occurred of 30° 30° M, from the causes and an the date stated abave ADDRESS (Street, city or lawn, state).	ı			, Tu	mor of pros	tat	3							
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work	Z	PAIT II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WA	S AUTOPSY		
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work	1													
20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work at work at work at work 21. I certify that I attended the deceased from April 17, 1958, to April 23, 1958, that I lost saw the deceased alive on April 23, 1958, and that deoth occurred of 30° 30° M, from the causes and an the date stated abave ADDRESS (Street, city or lawn, state).	26912	200 ACCIDENT WAS	UNDERLYING	20b. DESC	CRIBE HOW INJURY OC	CURRE	Enter nature of injury in f	art I or Pai	rt II of item 18.)					
21. I certify that I attended the deceased from April 17, 19 58, to April 23, 19 58, that I lost saw the deceased alive on April 23, 19 58, and that death occurred of 30° 30° M, from the causes and an the date stated abave ADDRESS (Street, city or tawn, state)			AEDICAL EXAMINER)											
21. I certify that I attended the deceased from April 17 19 58 to April 23 19 58 that I lost saw the deceased alive on April 23 19 58, and that death occurred of 0: 30PM, from the causes and an the date stated above ADDRESS (Street, city or lawn, state) DATE SIGNED	Ş	20c TIME OF INJURY	Manth, Day, Ye			20e. PL/	CE OF INJURY (Hame, form	20f (Cit	y or town)	(C	ounty}	(State)		
alive on April 23, 1958, and that death occurred of 30PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED	X	p. m,	19	at worl	k at work	100	iory, sireer, ornice energy, erc.	1						
alive on April 23, 1958, and that death occurred of 30PM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED		21 Leastifu the	at Lattended the	deces	ed from April	1 1	7 10 58 to Ap	r11	23 10 5	8				
ADDRESS (Street, city or town, state) " DATE SIGNED							30.30	p., ,	TIFC	a, mar i i	ost saw in	e deceasea		
		17			, , , , , , , , , , , , , , , , , , , ,	aeoin								
1 Education / / // // // // / / HADTVEON, MATVIAND		ACTUAL Bd	sees m.	me						_ ′	1.	DATE SIGNED		
SUNATURE MD.		SIGNATURE	1003	-//			WD. Henry	ton,	Maryla	na	4-	23-50		
PHYSICIAN'S		PHYSICIAN'S		-		-			**		**			
NAME (Type) Edgars M. Maculans, M.D. Henryton State Hospital, Henryton, M		NAME (Type)	dgars M.	Mac	ulans, M	. D.	Henryton	Stat	e Hospi	tal,	Henry	ton, M		
220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)	2.		I, 226. DATE THEREC)F	ZOC NAME OF CEME	ln.	1/90	224 LOCA	TION (City, town,	or county)	(\$1	ate)		
23. FUNERAL DIRECTOR'S SIGNATURE	23	LEUNERAL DIRECTORS	SIGNATURE	11/1	ADDRESS -	11/1		BY REGIS	TRAR 24b REGI	STRAR'S SIG	NATURE			
Trank I Mouell Vikerable, Mrs. DATE DE TERRESILLA		Ju. h 0	Y YIn a	11//	1. B. 11	1/	11/1/200		1	n.	1			



State of Maryland

Department of Health

BUREAU OF TUBERCULOSIS

Henryton State Hospital

STATE BOARD OF HEALTH

MAURICE G. PINCOFFS, M.D.
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PERRY F. PRATHER, M.D., CHAIRMAN

EDGARS M. MACULANS. M.D.

Superintendent

Henryton, Maryland March 24, 1958

TO WHOM IT MAY CONCERN:

RE: James T. Mitchell

As you will note on the Death Certificate of the above mentioned, many questions are not answered. This patient was admitted to the hospital in a critical condition and was unable to give us any information at all.

He was transferred here from the Prince George's General Hospital.

Signed

Marie E. Thomas



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	e has been signed by the of	ned for use as the burial-transit permit. Then please remave carban papers. Pages 1 an	remotion, ar remayal, and in gay-event within 72 ho	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4455 **CERTIFICATE OF DEATH**

		4	455	CERTIF	FICA	TE OF	DEATH	I		Reg. Dis	n. NJ) 4	443
1.	PLACE OF DEATH O. COUNTY	arroll		MARYL	AND	2 USUAL RES o STATE	Maryl		d lived If instit b COUN	ution: Residence		mission)
	BURAL and give in Sykesvi	f outside corporate lim lacest town)	its, write	3mos 23day			TOWN (IF or		prate limits, write	RURAL and g	ive nearest t	awn)
	d. NAME OF HOSPIT OR INSTITUTION. Springs	AL (If not in hospitol, gield State	Hosp:	ital		d. STREET	ADDRESS 25 Rea	dy Av	e.	, , , , , , , , , , , , , , , , , , ,	01	RESIDENCE N A FARM? NO DE
3	NAME OF DECEASED (Type or print)		rst	Henry	N	IUILEN 10	ast	4. DATE OF DEATH		onth r il	24,	Yeor 1958
5.	Male Male	6. COLOR OR RACE White	7 MARR	DIVORCED		DATE OF BIR		1886	9. AGE (In year lost birthdoy		Doys Hou	
	during most of work Steamfit	ting life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUST	M	arylan	đ	ountry)		S.A.	HAT COUNTRY?
	David H.					Susan	Rebec		amer			
15	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dotes of t	RCES? 16. :	SOCIAL SECURITY NO 216-03-827		FORMANT Spring	field	Hospi.	tal Rec	ords		
		TH WAS CAUSED BY- IMMEDIATE CAUSE (c	. Ну	e for (o), (b), and (c).) pertensive	arte						INTERVAL ONSET A Year	BETWEEN ND DEATH
	Conditions, if a gave rise to it cause (a), stating	mmediote Dur so	Ger	neralized a	rter	ioscle	rosis				Year	rs
CERTIF CATION	Gangreni 200 ACCIDENT WA	der significant con BOC. With SE BOT TOC IS UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	enile	ONTRIBUTING TO DEA brain dise	ase,	with pa	sychot:	ic re	action.	GIVEN IN PART	PEI	AS AUTOPSY RFORMED?
MEDICAL	20c. TIME OF INJUR Hovr o.m. p m.	Y Manth, Doy, Ye	While	JURY OCCURRED Not while	20e PLA: Fact	CE OF INJURY ory, street, offic	(Home, form, ce bldg , etc.)	20f. (City	ar town)	(C	ounty}	(Stote)
	21. I certify the alive an Aprilacion Aprila	at I attended the il 24,	- 19	Camp	death	occurred of	10:58	AM, fran ADDRESS (S 1d Hos		and on th	ast saw the date st	he deceased ated abave. DATE SIGNED
22 1. 23	BURIAL CREMATION REMOVAL (Specify)	4-28-11	158 158	ST 114 MY S	TERY OR	GOV 41		130	TION (City, town	Rec		nd d
1	Elen 7	1 1	209	Varx Rd B	2 47	MARA.		5 '58		editi	, and the same	

BUREAU Y. &

DECEDVED 823

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 10/57

death' Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4456 CERTIFICATE OF DEATH

04444

									Reg. Dist	. No.	
1. PLACE OF DEATH				li.	2 USUAL RESI	DENCE (Who	re decease	d lived. If institut b. COUNTY		before admi	ssion)
Carr	oll		MARY	LAND	M	arylan	d	a. COUNT	Carr	oll	
RURAL and give n	· ·	ts, write	c LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If ou	itside corpo	rate limits, write (RURAL and gi	ve nearest to	vn)
	Tanaytown [At (if rat in baspital, a		10 yea	rs		ral Tu	neyto	P. P.			
OR INSTITUTION	in naspital, g	ive street	address}		d. STREET A	ADDRESS		\$ 	7.4	ON	SIDENCE A FARM? NO 🔀
NAME OF DECEASED	Fir		Middle		Las	l.	4. DATE OF	Mai	nth	Day	Year
(Type or print)	Ann		Belle		Null		DEATH	April	6,		1959
s. sex Female		7. MARE	RIED NEVER MARRII		ert. 9.			9. AGE (In years lost birthday) 70 yrs		YEAR IF UNI	
00. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS O				r loreign c	puntry)	12. CITI2	EN OF WHA	T COUNT
Houses	ling life, even if retired		n home		7°T 81.11	vland			11.	S.A.	
3. FATHER'S NAME			11 110		14. MOTHER'S		AME		- 0.	0 8 22 8	
Willia	m G. Wither	row			Har	ordet.	Ameli	a Staub			
S. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	, 17. INF	GRMANT				ireas		
Yes no. or unknown)	JIT yes, give wor or dates of s		none	Fra	ncis W.	Maria	300	1 N. 31s	+ <+	6m7 in	otan
	ATH [Enter only one co				11020 111	I IIII.L.L.	9 0,0	710	0 0000	INTERVAL	
	TH WAS CAUSED BY:	16.7	Tail to	Car	C10.000		0	P		ONSET AN	
1900	IMMEDIATE CAUSE (o		MODIANA.	CEV	WAYNAN	(1)	10 0	ung		0/	my
1 17000	DUE TO	(I)	1.0	0 1	2101	1	00	0		11	
Canditians, if a	mmediate 10)	- V-UEM MU	<u> </u>	anu	ZVIO YV				1.9	uns
lying couse last.											
_	TER SIGNIFICANT CON		CONTRIBUTING TO DE	ATM BUT A	OT OSLATED TO	VIII TERMIN	IAL DICE LE			1. 120 11/46	4117 (7) (8)
OF COMMENT	TER STOTTTEM TO CONT	DITTO 143 _	SOUTH TO DEP		OI KELAILD IC) INC LEKMIN	ANE DISENS	E CONDITION GE	FEN IN PARI	PERF	ORMED?
UF EITHER, NOTIFY	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature a	d injury in Po	arl I ar Pari	t II al item 18.)			
20c. TIME OF INJUR	Y Month, Day, Yes		JURY OCCURRED		E OF INJURY (20f. (City	or town]	(Co	ounly)	(State
Hour o, m.	19	While at war	Not while	1000	ry, street, office	e bldg., etc.)					
21. I certify th	at I attended the	decease	ed from /0-	19	1957	., ta	4-6	, , 1950	that I lo	ist saw the	deceas
alive an	1-55	125	and that	death o	ccurred at	12.40 B	M. fran	n the causes	and an the	e date sta	ted abo
	(DD)	10	11					reet, city or town,			ATE SIGN
ACTUAL SIGNATURE	A. F.	10	Cly	M.	D	itt	as to	many	Va	4-	2-5
PHYSICIAN'S NAME (Type)	4,4,7	POT	TER			ITT	LES	TOWN	PA		
2a. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEME	ETERY OR	REMATORY		22d. LOCAT	ION (City, fawn,	ar county)	(Sto	rie)
Burial	April 8.	1953	Reforme	d Cem	ctery		Tana	ytown, L.	arvlan	d	
3. FUNERAL STREET OF	S SIGNATURE	Eres, and	ADDRESS			24a. REC'D			STRAR'S SIGN		
Manus	Of Finan	The state of the s	M	7	7	- ATENDO	0 10	0 10.	/ -	9	



SA RY



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

44	58 CERTIFIC	CATI	OF DEATH	4		Reg. D	ist. No.	()4	1447
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAN	2.	usual residence (Who. STATE Mery Lar	iere deceased	l lived If institution b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Sykesville	c. LENGTH OF STAY IN 1		Baltimore	iutside corpo		RAL ond		est fown) 🗸
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION Springfield State		2	d. STREET ADDRESS 516 Fleet S	treet					PARM?
3. NAME OF First DECEASED (Type or print) Mamie	Middle Smith		Pe ters	4. DATE OF DEATH	Month 14	1	00, 4		Year 1958
	MARRIED NEVER MARRIED DIVORCED	_ " ; "	-2-1678		9. AGE (in years plast bythdoy) yrs.	Months	Days	Hours	R 24 HRS Min
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) 5124110WH housekeeper	at Home	NDUSTRY	Maryland		puntry)		TIZEN OI	WHAT	COUNTRY?
13. FATHER'S NAME UNKNOWN Jac	ob Smith	14	MOTHER'S MAIDEN N		Bertha				
15. WAS DECEASED EVER IN U. S. ARMED FORCE [Ves. ne or unknown] [If yes, give wor or dates of service [If yes, give wor or dates or dates of service [If yes, give wor or dates of servi		Hos	mant pital recor	rds.	Addre	299			
PART I. DEATH (Enter only one couse part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (#1		hear	t disease				ONS	RVAL BE ET AND	
Conditions, if ony, which gove rise to immediate cause (o), stating the <u>under-lying cause lost.</u> (b) DUE TO	Generalized ar	rteri	osclemosis				уе	ars	
C.B.S. associated with senile brain disease.	i disturbance oi	reac	apolism, gro	win o	r nutriti	n in PA On,W	ith "	P. WAS PERFO	MARTIN

OR CONTRIBUTING [] CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED Not while Haur o. m. While ot work of work p. m

20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20f. (City or town) (County)

(Stote)

21. I certify that I attended the deceased fram 3-26-58, that I last saw the deceased and that death accurred a2.10 P.M. from the causes and an the date stated above.

ADDRESS (Street, city or town, stote)

Springfield State Hospital

(Stote)

PHYSICIAN'S Agustin del Campo. M.D. NAME (Type) 226. DATE THEREOF

4/9

22c, NAME OF CEMETERY OR CREMATORY MATTHEWS CEMETERY

22d LOCATION (City, town, or county) BALTIMORE MARYLAND.

220 BURIAL, CREMATION, REMOVAL (Specify) BURIAL INC BALTO. MD. 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE SONS SANDER &

DARPR 9 158 246 REGISTRAR'S SIGNATURE

VS A1S (4) 1SM 9/55

MEDICAL

SIGNATURE

BABDELL

2 .V UABRUG

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 4459 **CERTIFICATE OF DEATH** Pro- Private Bloom

04448

		TO O	4						1/4	g. DISI. 140	P.	
PLACE OF DEATH COUNTY Carroll			MARYL	NNO	2. USUAL RESID		re decease	d lived. If inst b. COU	10010	residence before	ore odmi	ssion)
RURAL ond give n		ls, write	c. LENGTH OF STAY IN	4 1b				rote limits, wri	le RURAI	L ond give ne	earest lov	vn)
Eldersb						sburg						
OR INSTITUTION		ive street o	oddress)		J. STREET A		e Dos	a			ON	A FARM?
	oma Road			1	Ur Ur	clahom	a Roa	.u			AFP	NO DXX
3. NAME OF DECEASED (Type or print)	Flino	FLENC	R PURKET	1	OUR K	/	4. DATE OF DEATH		Manth	27	оу	1958
5. SEX	6. COLOR OR RACE	7. MARRI	ED T NEVER MARRIED	□ B	DATE OF BIRTH	1		9. AGE (in ye		INDER I YEA		
Male	White	WIDOWE	D DIVORCED	Oh	(ay 17.1	885			yrs Mo	in the Doys	Hours	Min.
100. USUAL OCCUPATI	ON (Give kind of work - king life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDUST			r foreign o	ounity)	1	12. CITIZEN	OF WHA	T COUNTRY?
Farmer	King ma, aven ir remed	, I	None		Te							
13. FATHER'S NAME			HOMO		14. MOTHER'S		LME					
TIS 7 a a	Disalemen					7. 9.1						
	on Purkey Er in u. s. armed for	CES2 16 4	SOCIAL SECURITY NO	17 IN	FORMANT	da Joh	nson		Address			
[Yes, no. or unknown)	(If yes, give wor or dates of s			" "								
No I				I	<u>emie Pu</u>	rkey.S	ykesi	rille M	<u>d</u>			
	ATH [Enter only one co	use per lin	e for (o), (b), and (c).		0			·				ETWEEN D DEATH
PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ca	rdiac Fe	ul	ure.						. 800	edl.
420.0	DUE TO		, ,									
Conditions, if a	ony, which) (b	. Ch	way fil	1157	Elabor.	`				· ·	3 .	2.
gove rise to	immediate (DUE TO		/	C 5-4- 5							7	* 6 C
lying couse lost	the under-	Ce	atiral an	et !	ulino	W.C. Tan	. He	vert-	The			
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMIN	IAL DISEAS	E CONDITION	GIVEN I	N PART T(o)	19. WAS	AUTOPSY
3 H-2	feric-jeli	wtic	heart	de	icula							ORMED?
PART II. OT	AS UNDERLYING GOVERNMENT GOVERNMENT GOVERNMENT AS UNDERLYING GOVERNMENT MEDICAL EXAMINER MEDICA	20b. DESC	RIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in Po	ort I or Por	t II of item 18.)	. / 4	* 4	
20c. TIME OF INJUI	RY Month, Doy, Ye	While	IJURY OCCURRED 2 Not while of work	Oe. PLA	CE OF INJURY () ory, street, office	iome, farm, bldg., etc.)	20f. (City	or town)		(County)	(State)
21 1	hat I attended the	d	1 km 1/100	1.	Pulhar	1			- 4		~ ~1~	-
11	/ / / */ */	uecease			-C3/19/22							deceased
Talive on	L-16	لدلاا بـ.	Δ_{-} , and that α	leath -	occurred at.							
ACTUAL	lz 1 -	-22 1	2		-	^	DDRESS (S	treel, city or to	wn, slote			ATE SIGNED
SIGNATURE	Fel hound	12.	PLL	N	1.D	cent	tal	Du			4.	- < X -7
PHYSICIAN'S NAME (Type)	Bentrand	R	GAU		Śu	Kasi	relle	hu	wy 1	and		
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY	1	22d. LOCA	TION (City, to	vn, or co	unty)	(\$10	ote)
Burial	5-1-58		Stanfor	d			Sne	edvill	e Te	nn.		
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			24a. REC'D				R'S SIGNATL	IRE	
F.C. Higin	bothom, Elli	Lcott	City.Md			DATE IF	33)	.18	1	Buch		
								1 %	2 p	many manufactured to	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4 may be retained? The hospital or attending physician.

TO FUNERAL DIRECARY: After this certificate has been signed by the attending physician and campletely filled in by the phase of a shall be detached for use as the burial transit permit. Then please remove carban papers. Pages I and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death.

VS A15 (4) 15M 9/55

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BEEL CU RYA

BUREAU V.

Bento.

04449

460	CERTIFICATE	OF	DEATH	
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			X 7 U	CERT	IFICA	TE OF DEATI	H		Reg. Dis	t. No.		
	PLACE OF DEATH o. COUNTY	Carroll		MAR	YLAND	2 USUAL RESIDENCE (W o. STATE Marvl	_	l lived. If institute b. COUNTY		timo		Hon)
	RURAL and give no	f outside corporate limit		25 yr. 11		c CITY OR TOWN (IF	outside corpo					1) .
	d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street od	ldress)		d STREET ADDRESS	The state of the s			•	ON A	SIDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Beri	ıt	Middl Feid		lost R au	4 DATE OF DEATH	Mon Apr		Day		1958
	Female	6. COLOR OR RACE	7 MARRIE			August 27.	L908	9 AGE (In years last birthday) 19 yrs	Months Months	Days	Hours	ER 24 HRS
	during most of work Nurse	king life, even if retired	1	ind of Business		TRY 11 BIRTHPLACE (Stote	or foreign co	ountry)	12 Citi		S.A.	COUNTR
	James E.					14. MOTHER'S MAIDEN	NAME	Sellen				
	S WAS DECEASED EVE (Fas. no or varioum) Unknown	R IN U. S ARMED FOR: (If yes, give wer ar dates of s		Unknown		pringfield Ho	ospital	Addi L Record	ress			
	PART I DEA	NTH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Prot	for (e). (b) and (c nchopneum	-					ONSE	T AND	DEATH
	Conditions, if a gave rise to i couse (a), stating	mmediate Dus 70		tiple lun	g abs	cesses				W	eeks	3
	lying couse lost.	HER SIGNIFICANT CON	DITIONS CO			NOT RELATED TO THE TERM		E CONDITION GIV	'EN IN PART		PERFO	PRMED?
	Schiz Schiz OR CONTRIBUTING IIF EITHER, NOTIFY					unspecified. (Enter noture of injury in		II of ilem 18)			YES DO	NO [
	20c. TIME OF INJUR Hour o. m. p. m.		While	URY OCCURRED Not while		CE OF INJURY (Home, formatory, street, affice bldg., etc.		or town)	(C	(ounty)		(State
	21. I certify the alive an Apr	ARC BOOK	deceased , 12.58	A	-	, 19 <u>58</u> , to <u>A</u> accurred at <u>7 A</u>	●_M, Fran		and an th		e state	
/	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	lita S.	. gl	AHN	A	Sykeril	re,	Vud	e H	Cup	ifa	٤
-	220 BURIAL CREMATIC REMOVAL (Specify)	M-24-	58	22c NAME OF CEL	METERY OF	The Setter	228 10CA	TION (City, town, o	11/1	フェ	(Stot	el
	23 FUNERAL DIRECTOR	S SIGNATURE T	16	ADDRESS	:lei		D BY REGIST		STRAR'S SIG	NATUR	E.	

240. REC'D BY REGISTEAR DATE PR 2 8 58

may be retained the haspital ar attending physician.

TO FUNERAL DIN. AOR: After this certificate has been signed by the attending physician and campletely filled in by the food page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 should the registrar prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

funeral director.

death, Page 4

TO HOSPITAL OR VS A1S (4) 15M 9/S5

BUREAU V. S.

DECEIVES 1953



BUREAU V. S.

Barrio Black Black

- /		<i></i>			keg. bist. 140.
append !	1. PLACE OF DEATH a. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (Who state Mary)	ere deceased lived. If institution b. COUNTY	on: Residence before odm ssion) Balto-City
	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write RL	URAL and give nearest town)
	RURAL and give nearest town) Sykesville	2mos.2ldays	Baltimo	re 13	
	d. NAME OF HOSPITAL (If not in hospital, give street in		d: STREET ADDRESS		e. IS RESIDENCE
	Springfield State Hosp	ital	1025 St	nclair Lane	ON A FARM? YES NO TO
	3. NAME OF First	Middle	Lost	4. DATE Mont	
	(Type or print) Ben jamin	Burge R	ein	OF DEATH April	29, 19 58
	S. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	lost birthday)	Months Days Hours Min
	Male White WIDOWS	1 1	August 1, 19	12 45 yrs	
	10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?			
	Carpenter		Maryland		1 0.00 A.
	Charles Rein		Mary Mey		
	15 WAS DECEASED EVER IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 17. II	NFORMANT	Addr	ress
	(Yes, no or unknown) (If yes, give wor or dofes of service)	1- 1-	princfield Ho	spital Records	
	18. CAUSE OF DEATH [Enter only one cause per lin		prangracia no	Sproar mood do	INTERVAL BETWEEN
	Danta praticalla decorp av	ONSET AND DEATH			
		<u>imary carcinos.</u> metastasis	<u> </u>	* -15 m 440	ACCOUNTS.
	Conditions, if any, which		24		
	gave rise to immediate cause (a), stating the under-				•
	lying cause last) (c)				
	Part II. OTHER SIGNIFICANT CONDITIONS CORP. Psychoneurotic reaction	ontributing to beath but, depressive re	NOT RELATED TO THE TERMI BACTION.	NAL DISEASE CONDITION GIVE	EN IN PART I(a) IP WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in I	Port I or Part II of item 18.)	
		NJURY OCCURRED 20e PL/	ACE OF INJURY (Home, farm	206 (City or town)	10-1-1
	20c. TIME OF INJURY Month, Doy, Year 20d. IN While at work	Not while for	clory, street, office bldg., etc.	.)	(County) (State)
	21. I certify that I attended the decease	'	8 10ER 1 Am		20.11.
	alive on April 29. 195				a, that I last saw the deceased and on the date stated above.
	dive on the same of the same o	D, and mar deam		L_JVI, FFOM THE COUSES O ADDRESS (Street, city or town, :	
	ACTUAL El mund I	theen		ld State Hospi	•
Ą			**************************************		
4	PHYSICIAN'S Fdmund Lusthaus	M.D.	Sykesvill	e. Maryland	
	220 BURIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	20d. LOCATION (City fown o	or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS.	2000	D BY REGISTRAR 246 REGIS	STRAR'S SIGNATURE
	Sextained Francis	Part All	Va P DATEY	2 '58 ()	TRAK 2 SIGNATURE
	and the comment	I WALLY	ATT CX JUNIE,	TALE !	educk

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofte may be retained. The hospital or attending physician.

TO FUNERAL DIR, ACR: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 the registrar priar to burial, cremation, ar removal, and in afty event within 72 hours after death. VS A15 (4) 1SM 10/57

death: Page 4



		441	53 CERTIFIC	AIE OF DEAII	7	Reg. Dist. No.
1	1. PLACE OF DEATH o. COUNTY	-ro//	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If institution b. COUNTY	No Residence befare admission)
	b CITY OR TOWN (IF RURAL and give near	And the second s	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF	outside corporate limits, write RU	PAL and give nearest town)
	d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give street)	na Home	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	MARSby	Middle J.	Roth.	4. DATE Month OF DEATH PPI	Day Year 7 1958
	Male	White WIDON		8. DATE OF BIRTH APril 21	9 AGE (In years last birthdoy) 9 yrs.	IF UNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.
* 1.	19a. USUAL OCCUPATION during most of working	ng life, even if retired)	Religion	USTRY 11. BIRTHPLACE (Stoke	or fareign country)	12. CITIZEN OF WHAT COUNTRY?
1	Benneb	ille R	ott.	MARY	DATZEN	
		IN U. S. ARMED FORCES? 1. yes, give wor or dates of service)	6. SÓČIAĽ SECURITY NO. 17.	AMED M. RO	H SIN WAG	noverst ier FA.
	PART I. DEAT	H [Enter only one couse per H WAS CAUSED BY. IMMEDIATE CAUSE (o)	line for (a) (b), and (c).]	c M400	andities	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if an gave rise to im cause (a), stating it	mediate DUE TO	henvelore	Lie Cardia	Vascular DIS	rênses
Ω	I _	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NOW
		CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURI	RED. (Enter noture of injury in	Part I or Part II of item 18.)	
	Y 20c. TIME OF INJURY Hour p. m. p. m.	Whi		PLACE OF INJURY (Home, fornicatory, street, affice bldg., etc	n, 20f. (City or lawn)	(Caunty) (State)
	21. I certify the	attended the deced	sed fram. 1-2/ 5-8, and that dep	, 195 J , ta 45	0	that I last saw the deceased
	ACTUAL SIGNATURE	Joseph E	Bud	MD. Warn	ADDRESS (Street, city or town, s	
1	PHYSICIAN'S NAME (Type)	Soseple E	- 13ush.	11/1/10	PSTEAD	Maryland
	220. BLRIAL, CREMATION REMOVAL (Specify)	april 10/52	22c. NAME OF CEMETERY WY Olive	or erematory to the contract of the contract o	Lanevul	county) (State)
	23. FUNERAL DIRECTORS	ine Sons	Rustuston	un Md DATE	D BY REGISTRAR 5 246. REGIST	TRAR'S SIGNATURE

und be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained 2 feel hospital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban pages. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS A15 [4] 15M 9/55

N'A AVIII.

8961 6 b!

OBAGE TE

Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last

PLACE OF DEATH

o. COUNTY

DECEA SED

(Type or print)

Female

Waitress 13. FATHER'S NAME

no

OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Doy, Year

20d. INJURY OCCURRED Not while

(State)

20c. TIME OF INJURY Month,

at work of work

20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.)

21. I certify that I attended the deceased from March 7, 1955, to April 27, 1958, that I last saw the deceased

, and that death accurred at 3:00P_M, from the causes and on the date stated above.

(County)

DATE SIGNED

ACTUAL SIGNATURE

CERTIFICATION

Agustin delCampo. M.D.

Springfield State Hospital

Sykesville, Maryland

ADDRESS (Street, city or town, state)

(Stote)

REMOVAL (Specify)

PHYSICIAN'S

NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF April 30-58 22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county) Poplar Grove Methodist Cem. Warren.

Maryland

23 FUNERAR DIRECTOR'S SIGNATURES-

ADDRESS

24b. REGISTRAR'S SIGNATURE

0 15M 10/57

shauld

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been signed by I-transit permit:

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uneral death.

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6361 OE A9A

DECENSED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4465 CERTIFICATE OF DEATH

()4454 Reg. Dist. No.

				_						11700		
1. PLACE OF DEATH O. COUNTY Carroll MARYLAN						2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE b, COUNTY						
1 600					-	Mary				Ito.County		
B. CH	RAL and give as YKESVIL	f outside corporate fimi grest lown)	n, write	c. LENGTH OF STAY IN 15		c. CITY OR TOWN (IF at		role limits, write R	UKAL ond gi	ve negrest townj		
4000				1 mo. 20 day	1	Dundalk	55			31		
S	pringfi	al (If not in hospital, quelled State)	Hospi	ital		7845 St.	Clai	re Lane		e. IS RESIDENCE ON A FARM? YES NO P		
3. NAME DECEA (Type	Of ASED or print)	fii Ch	arles	Middle Emery		Lost RUBY	4. DATE OF DEATH	Mon Apr		Doy Year 10, 19 58		
S. SEX		6 COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UNDER 24 HR		
Ma.	le	White	WIDOW		N	lay 31, 1905		lost birthdoy) 52 yrs.	Months (Pays Hours Min.		
10o. USU	AL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY	11 BIRTHPLACE (State of	or lareign c	auntry)	12. CITIZ	EN OF WHAT COUNT		
	nown	ing life, even if retired	1	800		Pennsylv	ania		U	.S.A.		
	ER'S NAME	-			1.	. MOTHER'S MAIDEN N	AME					
Unka	nown					Unknown						
15. WAS	DECEASED EVE			SOCIAL SECURITY NO. 17	INFO	RMANT		Add	ress			
(Yes, no or		(If yes, give wer or doles of t	nevice)	13-09-13373	Spr	ingfield Ho	spita	1 Records	5			
18.	CAUSE OF DEA	TH [Enter anty one co	ivse per li	ne for (o), (b), and (c)]						INTERVAL BETWEEN		
	PART 1. DEAT	TH WAS CAUSED BY	P12	lmonary tubero	ru1	osis. far ac	dvan ce	ed. activ	e	ONSET AND DEATH		
		DUE TO							-			
Car	nditions, if or	ny, which l	۸									
gav	ve rise ta ir	nmediate Dus To	'])			· · · · · · · · · · · · · · · · · · ·						
	se (a), slating (ng cause last.	ne under-	1									
8				CONTRIBUTING TO DEATH BU			NAL DISEAS	E CONDITION GIV	EN IN PART	I(o) 19. WAS AUTOPS		
탕	.B.S.as	s ociate d w	ith c	organic brain	dis	ease.				PERFORMED?		
CERTIFICATION C 500 C	ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OCCURR	ED. (E	nter nature of injury in P	art I ar Por	t II of item 18)				
	THER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
20c. 1	TIME OF INJUR	Y Month, Day, Ye	or 20d. II	NJURY OCCURRED 20e P	LACE	OF INJURY (Home, form,	20f. (Cit)	y or town)	(Co	ounly) (Stat		
Q	Haur o.m.	19	White at war		octory	, street, office bldg., etc.)					
		at Lattendad the	decen	sed from Februar	17 2	0.1058 - 45	737 7	0 10 5	3 45-4 1 5-			
		ril 10.	105			curred at 5:10P						
GIIV	6 011			dia mar dean	n ac			ti ine couses t treel, city or town,		DATE SIG		
ACTL	JAL 7	druma	$/ \mathcal{I}$	ustbans			*	Hospital	,	1/17/58		
SIGN	IATURE	7			_M.D.			110000				
	SICIAN'S AE (Type)	Edmund Lus	thaus	, M.D.		Sykesvi	lle,	Maryland.		one side this set and allo set one algorithm till. At one yes yes.		
220 BURI	IAL, CREMATIO QVAL (Specify)	N. 226. DATE THEREC	S S	(FIR DE AS	OR CR	EMATORY FAITH	2247LOCA	TION (City, town		d (State)		
23, FUNE	RAL DIRECTOR	S SIGNATURE		ADDRESS	•	24o. REC'E	BY REGIS	TRAR 24b REGI	STRAR'S SIGI	NATURE		
11116	16.10	11 11. Dr	· Mi.	. Lindell	14		PR 1 5	- 1 1 1	2 her	ech		

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained. The haspitat or attending physician.

TO FUNERAL DIRE TOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached fan um as the Murial-tomast permit. Then please remove carbon papers. Pages 1 and 2 in the registration prior to burial, cremation, or removal, on in any mount within 72 hours off permit. VS A15 (4) 15M 9/55



BUREAU V. S.

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4466 CERTIFICATE OF DEATH

g. Dist. No. ()4455

Λ	4
	1. PLACE OF DEATH a. COUNTY a. COUNTY ARRAND 2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) b. COUNTY CARROLL CO, MARYLAND
1	b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	MANCHESTER Glout 94/20 1 NESTMINSTER
	d. NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION ON A FARM? 27 RIDGE ROAD e. IS RESIDENCE ON A FARM? YES \(\text{NOTE} \) NO \(\text{PA} \)
	3. NAME OF First Middle lost 4. DATE Month On Year
	DECEASED (Type or print) LILLIAN MAY SALTER DEATH APRIL 15 1958
	5. SEX) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	196 UBLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 112 CITIZEN OF WHAT COUNTRY?
)	Money - 1871
	13. FATHER'S NAME
	JAMES FRANKLIN TYCKER ELIZABETH HOOKER
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address ADC DC CCC TO TO THE PROOF DO TO THE PROOF DESCRIPTION OF THE PROOF D
	[18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY:
	4 20,0 DUE TO DUE TO
	Conditions, if ony, which) (b) artemorelevative / flant / surge 5 year
	gove rise to immediate COUE TO
	lying couse tast. (c)
	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour e. m. 19 While Not while of work of wo
	21. I certify that I attended the deceased from Sept , 1949, to Cyrune 15, 1958 that I last saw the deceased alive on Grand 15
	alive on
	SIGNATURE WITTOWN M.D. MANCHESTER MID 4/15/53
/	PHYSICIAN'S W. H. FOARD. M.D.
	220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 4/18/50/ RUID RIDGF CEM. PIKESUILE, MC.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	Je . Myers, A. Westmusler Ma DATE MPR 1 8 '58 () 1



BUREAU V. S.

240 REC'D BY REGISTRAR

DATAPR3 0

24b. REGISTRAR'S SIGNATURE

British - L. Will

VS A15 (4) 15M 9/55

FUNERAL DIRECTOR'S SIGNATURE

death.

BUREAU M.

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DECEINED

HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

()	4	4	5	7

1		MED	ICAL	LEXAM	INER'S	CERTIF	ICAT	E OF	DEATH	Reg. Dist. N	o.
1	PLACE OF DEATH COUNTY Carroll			MARYLAND		A CTATE	Mary	Y Montgomery			
	b. CITY OR TOWN (If outside corporate limits, we le RURAL			c. LENGTH OF	STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RU				- 10.	
	Sykesville		lyr.6mos.26days Kensington								
	d NAME OF HOSPITAL	ot in hosp			d STREET ADDRESS					8 IS RESIDEN	
	Springfiel	<u>ld</u> State Ho	spita	al		4021 Franklin St.				YES NO	
3. NAME OF DECEASED		fint Lester		Middle S		HMITTER		4. DATE OF DEATH	April	/	Yeor 10 58
	(Type or print) LESTET 6 COLOR OR RACE 7. MARRIE								9 AGE (In years		19 24 Tie under 24 h
1	Male	2 77 2 4	/IDOWED		-		.906		51 yrs.	Months Days	Hours Min.
1	a USUAL OCCUPATION (Give kind of work dame 10b KIND OF BUSINESS OR INDUST during most of working life, even if relired) Govt.Employee Economist					TRY 11 BIRTHPLACE (State or foreign country) 12. CtT					A.
	13. FATHER'S NAME Otto W. Sc	Otto W. Schmitter				14. MOTHER'S M	Mor				
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT No (1) yes, gran was or doles of service) 218-34-6535 Springfield Hospital Records										
MEDICAL CERTIFICATION		WAS CAUSED BY MEDIATE CAUSE (a) DUE TO which ecouse orlying DUE TO	Acu	te myoc	ardial	infarcti		m	American de la companya del companya del companya de la companya d	M·	inutes
		significant condit essive Reac				OT RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPS PERFORMED? YES NO
	PRIMARY OF CONTR	WAS IBUTING []	DESCR BE	HOW INJURY C	CCURRED (E	nter nature of inju	ry in Parl	Lar Fart II :	of item 18 }		
	20c. TIME OF INJURY Hour e.m. p. m.	Month, Day, Year	While	Not white		E OF INJURY (He ry, street, office b	ome, form, ildg., etc.]	20f. (City	gr town)	(County)	(State
ı	21. I certify that	I toak charge a	f the re	emains desci	ribed abov	re, held an /	Autapsy	PC , In	spection 🖪,	Inquiry A	, and in r
	op'nion death resulted fram: Natural causes 🛂, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined mai									rmined mann	er 🔲
	ACTUAL SIGNATURE	fances	2	m	A+ 3.	1 00 9		AMINER 🗍			DATE SIGNED
۱	EXAMINERS NAME (Type)	James T. Ma	arsh,	M.D.				L EXAMINEI XAMINER 🗗	_	Į	1/10/58
1	220. BURIAL CREMATION, REMOVAL (Specify)	226 DATE THEREOF	72	72c NAME OF C	EMETERY OR	CREMATORY		22d LOCAT	ION (City, town,	or county)	(State)
11-	urTransit	4/11/58 IGNATURE		Richlan ADDRESS	d Frie	nds Cen	ete:	Y REGISTI	chland, I	OWA_	₩E.

Robert A. Pumphrey-Bethesda, Maryland

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is reexecute the create, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral 4 should be to ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained 10 FUNERAL DIRECTOR: Page 3 should be med med medical permit. File pages 1 and 2 with the State B or its designated agent, prior to borrial, cremation, or remayal, and in any event, within 72 hours after death. VS MISME 3M 2/57



Baltimore Md.

DATEDD 1 5

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VS A15 (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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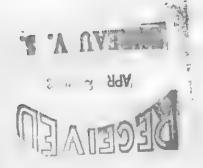
	447	() CERTIFIC	ATE OF DEATH	ı	Reg. Dist. No.					
1.	PLACE OF DEATH o. COUNTY Carroll	пети-	2. USUAL RESIDENCE (Who o. STATE Marvlan	ere deceased lived. If institution b. COUNTY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 1b	N	ulside corporate limits, write RU	IRAL and give nearest lown)					
	d. NAME OF HOSPITAL (If not in hospital), give stree OR INSTITUTION	et oddress)	d STREET ADDRESS	ore Street	e. IS RESIDENCE ON A FARM? YES NO					
3	NAME OF First DECEASED (Type or print) Till 122	Middle	Lost	4. DATE Monti						
5	114414	<u> </u>	Shorb	AUGU	1/4 1953					
J.	7,00	RRIED NEVER MARRIED DIVORCED	March 9. 1831	9. AGE (In years lost birthday) 1777 yrs	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min					
10	USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	6. KIND OF BUSINESS OR INDE		or foreign country)	12 CITIZEN OF WHAT COUNTRY					
<u> </u> _	House Painter		Maryland		U.S.A.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
L	Edward Shorb		Ellen Mar	rtin						
	WAS DECEASED EVER IN U. S ARMED FORCES? 1	6 SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess					
Ĺ	9.1	19-01-7823	John Edward She	orb. Tanevtown	Larvland					
	18. CAUSE OF DEATH [Enter only one couse per				INTERVAL BETWEEN					
	PART I DEATH WAS CAUSED BY	n	any Certinis	1000 Pursua	ONSET AND DEATH					
	IMMEDIATE CAUSE (0) LECTURE CONTROLLER CONTR									
	Conditions, if any, which) to arterior claratic Heart Disease 6 mm.									
ı	gove rise to immediate	court occo	ipric Hear	es income	e app.					
	couse (o), stoling the under-									
Z	Part II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY									
CATIO	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	1 1	NAL DISEASE CONDITION GIVE	PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO NO					
L CERT.FICATION	200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRITE HOW INJURY OCCURRE								
3			ACE OF INJURY IHome, form,	20f (City or tawn)	(County) (Slate)					
MEDICAL	Hour o.m. While p. m. 19 of w	le Not while to	ctory, street, office bldg., etc.)							
	21. I certify that I attended the decer	sed from 4-119	19 5 416 4	1-114 1058	that I last saw the decement					
	alive on 1920, and that death accurred at 20 M, from the causes and an the date stated above									
	ACTUAL SIGNATURE C. A. Mclaugh M.D. AGF Vellevick St. 4-14/5									
	PHYSICIAN'S R.S.M.	· Vaugla	Ta	neytown.	Net.					
220	BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify)	22c NAME OF CEMETERY O	OR CREMATORY	22d. LOCATION (City, town, ar	county) (Slote)					
	Burial April 16,195	8 Lutheran Can	neterv	Tanevtown. 1	arvland					
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	, , , , , , , , , , , , , , , , , , , ,		TRAR'S SIGNATURE					
	Berwyn V. Fuss	Taney town. 1.3	aryland DAMEDR	1 5 150 0	~ /					
		The state of the s								

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VS A15 (4) 15M 10/57



VS A15 (4) 15M 9/SS

IARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE

4420 CERTIFICATE OF DEATH

Reg. Dist. No.

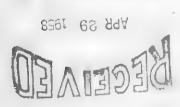
04461

	1. PLACE OF DEATH 0. COUNTY AR R () 1 1 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If 'institution' Residence before admission) o. STATE b COUNTY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	ARURAL and give nearest town) AREA TOURS TED 92 PR	WAST MINISTED TO
	d NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
	14 JOHN ST.	14 JOHN ST. ON A FARM?
	3. NAME OF First 4 A Middle C	Lost 4. DATE Manth a Day Year
	(Type or print) ALICE //ARGARFI)	MMOTT DEATH APPIL 7 1958
	5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) Manths Days Haurs Min
	WIDOWED DIVORCED (0011D 1864 43 m
	Joa USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY pluring most of working life, even if retired)	RY 11 BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	LA MOTHER'S MAIDEN NAME
	TUD MAS SINN ATT	DEBECCA FROCK
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INF	ORMANT / Address
	(I'es, ng, or unknown) (I) yes, give war or dotes of service) WAIVES MA	PEGED. H. BECK HARRISRURG PA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PALL FION	1715 ONSET AND DEATH 24 HOURS
	478 A DUE TO	
	Conditions, if ony, which) (b)	
	gave rise to immediate casse (a), stating the under-	
	lying cause lost. (c)	
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	teries induce of injury in 1011 to 1011 in in inc.)
		E OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) ry, street, affice bldg., etc.]
	Hour o. m. p. m. 19 While Not while at wark	
	21. I certify that I attended the deceased from (1142). 2	192 /, ta Arrill, 1958, that I last saw the deceased
	alive an 1927, and that death a	accurred at 3 AMA M, from the causes and an the date stated above.
	ACTUAL \ () () ()	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)
	SIGNATURE Chuj 20	0. Westwinster 11d 12/50
	PHYSICIAN'S U LUS ("he pko	
	22c, NAME OF CEMETERY OR OF REMOVAL (Specify)	CREMATORY 22d LOCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 246, REGISTRAR'S SIGNATURE
,	Dan I C Ranker & Wishminster	mad 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE PR 1 4 '58
	NO 450 6 6 1 1 1 1 6 5 6 6 1 1 6 6 6 6 6 6 6 6	AAA 11 CAA AAAA



VS A15 (4) 15M 10/57 2

BUREAU V. F.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4473

CERTIFICATE OF DEATH

04463

	Reg. Dist. No.								
1. PLACE OF DEATH o COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)								
Carroll Maryland Maryland Frederick									
b. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town)								
Springfield, Hosp., Sykesville 10mos. 16	days Walkersville /								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e, 15 RESIDENCE ON A FARM?								
Springfield State Hospital	YES NO NO								
3. NAME OF DECEASED (Type or print) First Middle Engl	e SMITH 4. DATE OF DEATH April Day Year 1958								
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	November 10, 1895 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min								
100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND									
during most of warking life, even if relired) Housevife	Maryland U.S.A.								
3 FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
John Engle	Caroline Cline								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address								
(If yes, give mor or dates of service)	pringfield Hospital Records								
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY: Hypertensive arteriosclerotic heart disease Tell MANEDIATE CAUSE (a) Hypertensive arteriosclerotic heart disease									
443 A DUE TO									
Conditions, if any, which) (b) Generalized art	eriosclerosis Years								
gave rise to immediate DUE TO									
lying cause last. (c)									
C.B.S. 250C. with other diseases of unknown or uncertain cause, with part 10 Performed? psychotic reaction. Part 10 Performed? Performed? YES NO 27									
C. B.S. 2830C. WILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES SOCIAL TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO PART 1 OTHER SIGNIFICANT OTHER SIGNIF									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (State)									
Hour b. m. 19 While Not while factory, street, affice bldg., etc.) p. m. 19 at work at work									
21. I certify that I attended the deceased from June 8.	21. I certify that I attended the deceased from June 8, 1957, to April 24, 1958, that I last saw the deceased								
alive an April 24, 1958, and that deat	th accurred at 12:33PM, from the causes and an the date stated above								
ADDRESS (Street, city or town, state) DATE SIGNED									
SIGNATURE CONSTRUCTED LANGE MD Springfield State Hospital 4/24/58									
PHACKLIA VICE									
NAME (Type) Agustin delCampo, M.D.	Sykesville, Maryland								
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY									
	Rurfal Frederick MD								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
() Six norm Walkersvi	ILLO MD DATE APR 2 8 '58 (POR COLLEGE								

CONTRACTOR NO. 18. 8. W. UASAUB

04464

Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o COUNTY **b.** COUNTY Carroll MARYLAND Maryland Balto_City b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Sykesville 3 mos.7davs Baltimore d NAME OF HOSPITAL (If not an hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION
Springfield State Hospital ON A FARM? 4903 Greenhill Ave. YES NO IN NAME OF 4. DATE Middle lost Year DECEASED Stella Stephanie Zadaikes STOKES April 58 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years lost bythdoy) Months Days Whi te February 20. Female DIVORCED | WIDOWED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife Lithuania Lithuania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Anthony Zadaikes Ursula Yogmens IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Springfield Hospital Records No 18. CAUSE OF DEATH [Enter anily one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary occlusion Minutes IMMEDIATE CAUSE (a) 400. **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) PERFORMED?

PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(6) PERFORMED?

PRICE OF THE PROPERTY YES NO IN 20g. ACC. DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o.m. While Not while at work at work 21. I certify that I attended the deceased from January 7. 58 April 14, "that I last saw the deceased ..., and that death accurred at 11:45AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Springfield State Hospital SIGNATURE PHYSICIAN'S Edmund Lusthaus. M.D. Sykesville, Maryland NAME (Type) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Speqify) Kedeemer Baltimore. Burua 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR gord Road

campletel papers. puo pau ofter signed DIRE should FUNER C page 0 VS A15 (4)

15M 10/57

BUREAU K. S.

SECTION ED 1958

I. PLACE OF DEATH

Carroll

b CITY OR TOWN (If outside corporate limits, write

COUNTY

2 USUAL RESIDENCE

MARYLAND

c. LENGTH OF STAY IN 1h

		TIMOR	E, I	8				(44	6.5		
TH				R	eg. D	ist.	No					
(Whe	ere decease	d lived. If i		DOI .	Reside	nce	befo	ore admis	sion)			
la	nd	6 60	VINTY	ali	0	. C:	ity					
(If outside corporate limits, write RURAL and give nearest town)												
imore 3 1/1.4												
		m - h ls pr					t	e IS RES	FARM'			
	4 DATE	- P.					l		Yeor			
	DEATH April						22 _,	9	1958			
		9 AGE (in	years	IF	FUNDER							
		79 ?	угз	I	onths	D	oys	Hours	Min			
ole c	or foreign c	ountry)			12 C	TiZi	IZEN OF WHAT COUNTRY?					
d					Unknown							
N N	AME											
Wa	lsh											
			Add									
H	ospit	al Re	cor	đ5	;							
								ERVAL BI				
as	e				Years							
8			Years									
RMIN	NAL DISEAS	E CONDITIO	ON GIV	EN	IN PA	RT 1	(o) 1		RMED?			
in Pa	ort Lor Por	t II of item	18.)	_				YES [NO			

20yrs.7mos.15deva Ball d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRES Springfield State Hospital Balto_City Middle DECEASED Josephine THORN BERG (Type or print) 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED B. DATE OF BIRTH 5. SEX Female White Unknown WIDOWED 3 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

Trelan Irelan 13. FATHER'S NAME MOTHER'S MAIDE Michael Gaule Kate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. No Springfield 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY Arteriosclerotic heart dise IMMEDIATE CAUSE (a) DUE TO Generalized arteriosclerosi Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stating the underlying couse fost. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE Schizophrenia, paranoid type. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMENER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy. Yeor 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from October 20, 1954, to April 22, 1958, that I last saw the deceased _, and that death occurred at 1:20A.M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Springfield Hospital PHYSICIAN'S Edmund Lusthaus, M.D. Sykesville, Maryland NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF NAME OF CEMETERY-OR CREMATORY 22d. LOCATION (City Jown, or county) (State) 23. FUNERA_DIRECTOR'S SIGNATURE 26. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

DATEAPR

TO FUNERAL DI page 3 should VS A15 (4) 15M 10/57

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4476 CERTIFICATE OF BEATU 04466

١L			X Z (U CER	HILL	All	OF DEAT	П		Reg. Dis	t. No.	
/	o. COUNTY Carro	11	M	2. USUAL RESIDENCE (Where decrosed lived. If institution: Residence before admission) o. STATE b. COUNTY Carroll								
ŀ	b. CITY OR TOWN (If autside corporate limi	ts, write	c LENGTH OF ST	AY IN 1b	#	CITY OR TOWN (IF		orate limits, write R			est town)
ı	RURAL and give no Rural	Taneytown		A Month	1	×	Rural	Taney	town			
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street			1	d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM? YES NO
ı	NAME OF DECEASED	Fir	st	Mid	die		Losi	4. DATE	Mor	ath	Doy	Yenr
L	(Type ar print)	Carr		Virgi			Wantz	DEATH	April]	L3,	1958
	S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MA	RRIED 🔲	8. D/	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER		F UNDER 24 HR
	Female	White	WIDOWI		CED 🗍		tober 11,1		67 yrs.		Doys	Hours Min
ı	10a. USUAL OCCUPATION during most of world	DN (Give kind of work i king life, even if retired	dane 10b.	KIND OF BUSINES	OR INDU	STRY	11 BIRTHPLACE (State	ar foreign c	ountry)	12. CIT	ZEN OF	WHAT COUNT
1	Housework		C	vin home			Maryla:	A-2-4			U.S.	.A.
	3. FATHER'S NAME					14	MOTHER'S MAIDEN	NAME				
ŀ		A. Martin					Ida Cathe	rine C				
ı	S. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY	NO. 17. 1	NFO	MANT		Add	ress		
ŀ	_no	ATH (Enter anly one co		ınknorn		Ker	mit wiesha:	ar , li	estminst	er, Ld		t.D.
	Canditions, if o gove rise to i cause (a), stoting lying cause last.	mmed ate the under-	Q.	derio	٨	R	Pero	si	A.,		`	2
	5	HER SIGNIFICANT CON								/EN IN PART		WAS AUTOPS PERFORMED?
- 1	1	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Er	ller noture of injury in	Part 1 or Par	t II of item 3B.)			
١	20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes	w 20d. It While of war	Nat while	20e. PL fg	ACE (OF INJURY (Hame, form street, affice bldg., etc	n, 20f (Cit)	or lawn)	(C	ounly)	(State
	21. I certify not I attended the deceased from 1950 to 1950 to 1950 that I lost sow the deceased olive and 1950 to 1950 that death occurred at 1950 AM, from the causes and on the date stoted above. ACTUAL SIGNATURE ACTUAL SIGN											
	PHYSICIAN'S NAME (Type)	REF	Se	[W.	15	12	1.5	- No	est		M	01/1
	BURIAL, CREMATIO REMOVAL (Specify) Burial	april 16	, 195		EMETERY O	R CRI	metery motor	Fi	HON ICITY 10 WILL	alley,		(State) (
	Mervyn C	100 - 100	des	Taneyto-	n, La	arv	1	APR 1 6	758 246 REGI	STRAR'S SIG	MATURE	

DECENTED ED

BULLAN V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4477 CERTIFICATE OF DEATH Reg. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) · COUNTY b COUNT Montgomery filed Carroll MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Sylesville days Bethesda d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION

Springfield State Hospital. ON A FARM? 5910 Walton Road YES NO T NAME OF Middle 4. DATE Yeor DECEASED 1058 Charles Wendler Edwin (Type or print) DEATH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER I YEAR IF UNDER 24 HRS 5 SEX 8 DATE OF BIRTH 9. AGE (in years last birthday) Male White Months Hours 11 -30 -1896 WIDOWED [DIVORCED yes 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pennsylvania U.S.A. Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Wendler Christina Hoffmagle 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no. or unknown) Hospital records. othending ithin 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ם PART I DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) Bronchopneumonia Davs anokk þ Old myocardial infarction permit. Years Conditions, if ony, which (6) been signed gove rise to immediate DUE TO couse (o), sloting the under-Coronary arteriosclerosis Years lying couse lost PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY C.B.S. associated with cerebral arteriosclerosis. PERFORMED? YES IN NO 70% ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o.m. While Not while of work of work p. m. ., 1958 ,that I last saw the deceased 21. I certify that I attended the deceased from... and that death accurred at 6.00 A M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Springfield State Hospital. 70 should FUNERAL Sykesville, Maryland NAME (Type) Agustin del Campo.M.D. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) afind (Stote) REMOVAL (Specify) 6/30/58 Arlington Cemetery Arlington'. Virginia 0 23 PUNERAL DIRECTOR'S SIGNATURE 240 REGISTRAR 246. REGISTRAR'S-SIGNATURE ADDRESS VS A15 (4) Maryland DATE 15M 10/57

B W WAGINE

8391 OS 89A

DECENDED

4478 CERTIFICATE OF DEATH

			<i>a</i> . <i>a</i> .		تنبه		<u> </u>			Reg. Dist	No.		
ī.	PLACE OF DEATH					2. U	SUAL RESIDENCE (Wh	ere decense		nı Residenci	e before o	idmission)	
П	Carro	11		MARY	LAND	٥	STATE Maryl	and	b. COUNTY	Carı	roll		
	6 CITY OR TOWN (IF	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16		CITY OR TOWN (If o	utside corpo	prote limits, write RU	RAL and gi	ve neares	l lown)	
	RURAL and give ner	kesville		Lyrs.6mos.	3da		Union Brid						
	d. NAME OF HOSPITA	AL (If not in hospital, a	ive street	oddress)			STREET ADDRESS	1			e. i	S RESIDENCE	
L	Springi	Cield State	Hos	pital								ON A FARM? ES NO CC	
3	NAME OF DECEASED	Fir	st	Middle			lost	4. DATE OF	Mont	h	Doy	Year	
L	(Type or print)	Fea	m	Myers	}		WRIGHT	DEATH	Apri.	L	29	19 58	
S.	SEX	6 COLOR OR RACE	7. MARR	IED NEVER MARRIE	D 🔯	B. DA	TE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS	
1	nale	white	WIDOW	DIVORCEE		No	v. 27, 189	7	60 yrs.	- Months	Days H	aurs Min	
10	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDUS	TRY	11. BIRTHPLACE (Stole	or foreign c	ountry)	12. CITI2	ZEN OF V	VHAT COUNTRY	
1	Farmer	and the second		arming			Union Bri	dge, l	Maryland	Unit	ted S	tates	
13	FATHER'S NAME					14.	MOTHER'S MAIDEN N	IAME		`			
1	William Wri	ight					Cora Myers						
15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. Ib	NFOR!	TAAN		Addre	" Swice	savil	le, Md.	
	no	t yes, give war or ourse or s		20-32-2836	Rec	or	ds of Spri	ngfie	ld State I	lospii	tai	20, 110	
Г	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] [INTERVAL BETWEE IONSET AND DEAT										AL BETWEEN		
	ART I. DEATH WAS CAUSED BY Corebral hemorrhage										24 hrs.		
L	DUE TO										more than		
	Conditions, if ony, which) (b) Cerebral arteriosclerosis										5 years		
	gove rise to immediate												
	lying couse tost. (c) (c)												
CERTIFICATION	PART I! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Mental deficiency, familiar or hereditary, severe, with psychotic re- Action, unclassified. Part 1 (0) 19 WAS AUTOPSY PERFORMED? YES NOTE:												
CERTIFI	20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER]												
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)												
WED	Hour o.m.	19	While at work	Not while	lect	tory,	street, office bldg , etc.	'	_				
	21. I certify that I attended the deceased from August I , 19.55, to April 29 , 158 that I lost saw the deceased												
	alive on Ap		, 19.5				vrred at 1:40						
	Butte ou	1 CA		Sampa, dila mai	ueum	UCU					e date	DATE SIGNED	
	ACTUAL SIGNATURE												
	SIGNATURE			100	^	A.D.	-obtingtie	111.15	are norbr	<u>ud</u>		4/47/29	
	PHYSICIAN'S NAME (Type)	Talter Knop	M. ac	D.			Sykesvill	e. Ma	ryland				
22	BURIAL, CREMATION		F	22c NAME OF CEME		7	MATORY-	224 LOCA	TION (Cyty, Iown, ar	county)		(Stoje)	
1	PEMONAL (Specify)	5-2-19:	8	Metho	di	57	_	UNI	ONTOWN,		m	d.	
23	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	1	17	7, 24a. REC'E	BY REGIST	TRAR 246 REGIST	RAR'S SIGI	NATURE		
	C.M. 7	dalla	- 1	Mindie	Up	10	ULL, DATE		. O. /		1		
									No. of the last of		/ WA		

funeral director, rould be filed with death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter TO FUNERAL DITUE. The haspital ar attending physician.

TO FUNERAL DITUE. After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 stripage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 stripage 3 shauld be detached for use as the burial-transit permit.

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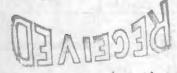


MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU Y. E.

HINESTORIAL ENGLISHED SANS

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04470

CERTIFICATE OF DEATH 4480

Reg. Dist. No.

1. PLA o. C	ACE OF DEATH COUNTY CARROLL MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ANALY
R	CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN INTERPRETATION) WHAT WESTIMM STEP NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION FOR MANUTARIA MARKET HAN STEPPEN AND PARTY	COTY OR TOWN (If outside carporate limits, write RURAL and give nearest fown) RUNAL STATEMENT OF TOWN (If outside carporate limits, write RURAL and give nearest fown) G. STREET ADDRESS G. STREET ADDRESS ON A FARM? YES ON O
DEC	AME OF First Middle CCEASED JOSEPH ELS WORT	Last 4. DATE Month Day Year
di	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	1 M. 10, 1873 Styrs. Months Doys Haurs Min.
IS. WA	AS DECEASED EVER IN U. S. ARMED FORCES? JR. SOCIAL SECURITY NO. 1 [If yes, give = or dates of service] 2/2-38-/39	7. INFORMANT PAUL Phelzler Misst, Ruth Joph Westminster, MARS
9 c: !)	PART I. DEATH WAS CAUSED BY: [MMEDIATE CAUSE (a) CORONA R DUE TO Conditions, if any, which gave rise to immediate codes (a), stoting the under- lying cause lost. CORONA R DUE TO LETO LE	LEROTIC CARDIOVASCULAR DISEASE YEAR
CERTIFICATION		BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PRED. (Enter nature of injury in Port I or Part II of item 18.)
		PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (State)
ACSIO	21. I certify that I attended the deceased from OCTO 6 plive on APRIL 28, 1958, and that de actual Octubra Oct	APRIL 1952, ta APRIL 1952, that I last saw the decease rathr accurred at \$25 A.M. from the causes and on the date stated above ADDRESS (Street, city or tawn, state) M.D. 19 N. Church St. 4/30/58 Westmuster Maryland
13	BURIAL, EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (SPECIFY) WAS A LICENSE ADDRESS ADDRESS	22d. LOCATION (City, town, or county) 22d. REC'D BY REGISTRAR 24D. REC'D BY REGISTRAR 24D. REC'D BY REGISTRAR 24D. REGISTRAR'S SIGNATURE DATE MAY 158

may be retained. The haspital or altending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and it for years within 72 hours offer death. deoth. Poge 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti may be retained TO FUNERAL DIRE

The Control of the Co